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ABSTRACT

This report is a comprehensive study and evaluation of a child care program (five day care service programs funded to serve 230 children) developed by the San Jose Model Cities Health and Social Service Task Force. Part I describes the framework of the evaluation; Part II consists of evaluations of each of the five programs; and Part III is a systemic overview. The evaluation design used was an adapted classical model for effective impact evaluation which starts with an identification of the goals and objectives of a program and then proceeds to determine the extent to which they are attained. A list of goals and criteria was prepared and used to evaluate the centers. Data were gathered through interviews, questionnaires and on-site observation. Detailed information on population to be served and eligibility, environmental standards, parent involvement, staffing, educational services offered, health and nutrition, social services, and administration and coordination is presented for each program and recommendations for change or improvement are made. (MS)

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EVALUATION OF
COMPREHENSIVE CHILD CARE
SAN JOSE
CALIFORNIA

Final Report

A Project of San Jose's
City Demonstration Agency

PS 008561

Prepared for: County of Santa Clara, Department of Social Services
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[redacted]

April, 1972

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SECTION I

FRAMEWORK OF THE EVALUATION

A. HISTORY

In response to expressed community need, a Comprehensive Child Care Program was developed by the San Jose Model Cities Health and Social Services Task Force for implementation during the first action year. The child care package consisted of: (1) five direct service programs, (2) a special contract with the Social Planning Council for the development of a Comprehensive Community Child Care (4-C's) organization and (3) a contract with Pacific T. & T. A. for Evaluation and Monitoring of the five direct service programs. Local share funding was provided by Model Cities and a 3:1 match was secured from the Federal government, through the Department of Social Services, under provision of Title IV-A of the Social Security Act. The entire child care package was contracted to the Department of Social Services as the administering agency, and sub-contracts were negotiated by the Department of Social Services with the operating agencies.

The five direct service programs, including four centers and one family day care project, were funded to serve 230 Model Neighborhood children as follows:

1) San Juan Bautista Child Development Center--50 children
2) Los Pequenitos Child Development Center (Gardner area)--50 children
3) Green Valley Preschool and Child Care Center--30 children
4) CASA Family-Child Center--50 children
5) St. Mark's Family Day Care Project--50 children

The stated purpose of the programs was "to provide quality child care primarily for children who need care and supervision because their parents are employed or enrolled in job training programs."[1] The five programs were selected to ensure balanced geographic dispersal and an adequate variety of alternatives within the community. Contracts stipulated that the operating agencies were required to comply with the Federal Interagency Day Care Requirements (FIDCRs); on the assumption that full compliance would ensure the delivery of quality care.

The contract with Pacific T. & T. A. specifically provided for evaluation of these five operating agencies. No provision was made for evaluating the SPC contract. Evaluation was to be directed largely toward a determination of the extent to which the FIDCRs and state standards were being met. Within this broad definition, however, the CDP stipulated that "the specific design and implementation of the evaluation process shall be left up to the contracting agency."[2]

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[1] San Jose Model Cities Comprehensive Demonstration Plan (CDP), p. 98.

[2] Ibid., p. 99.

B. RATIONALE AND CONSTRAINTS

In developing a specific evaluation design, Pacific T. & T. A. began with the classical model for effective impact evaluation and adapted this model to the realities of the San Jose Comprehensive Child Care Program. Thus, "the classical model of impact evaluation starts with an identification of the goals or objectives of a program and then proceeds to determine the extent to which they are attained. The latter is accomplished by measuring the relevant change, if any, which takes place between the baseline period and some later point in time."[3] As noted earlier, the objectives put forward in the CDP called for "quality care" for children whose parents are working or in training. It further stated that "the provision of these services is expected to promote and enhance independent family life, prevent child neglect, and increase the health, education and employment opportunities of Model Cities residents."[4] In order to measure attainment of such broad objectives it is essential that they be operationalized; i.e., "defined concretely so that they can be translated into measureable dimensions for which indicators of effectiveness can be found."[5]

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[3] Chicago Model Cities Program Evaluation, Barton-Aschman Associates, Feb., 1971, p. ix.

[4] San Jose Model Cities CDP, p. 98

[5] Chicago Model Cities Program Evaluation, op. cit., p. ix.

The first requirement, then, in designing the evaluation study was to identify specific program goals from which evaluation criteria could be developed. Because of the crucial role of citizens in the formulation and implementation of Model Cities programs, it was further decided to involve the appropriate citizens' group (i.e., the Child Care sub-committee of the Health and Social Services Task Force) in this process.

The second requirement was to develop a methodology which would enable the evaluators to determine the extent to which objectives (including compliance with the FIDCR) were attained. Evaluators needed to be cognizant of four specific constraints in the development of such a methodology:

(1) The available time-span from the point of securing baseline data to follow-up was necessarily short. Little dramatic change can be expected in a short time, and small changes are the most difficult to measure.

(2) Many variables in addition to participation in child care programs affected the lives of model neighborhood residents. It was therefore virtually impossible to isolate those changes which were directly attributable to the programs under study. The only "scientific" way to do this was to divert half of the population applying for child care into a control group. However, the manipulation of populations in desperate need of services is not

socially justifiable and certainly not practical or desirable in this situation.

(3) The programs under study were new and in the process of change. Such change, while desirable from the standpoint of program improvement, increases the difficulties in any evaluation process which presupposes a controlled situation.

(4) High mobility and job instability was likely to be characteristic of model neighborhood residents and could be expected to result in considerable population turnover in the programs under study.

The evaluation methodology was designed to allow for these constraints. Large samples and broad indicators from multiple source were utilized as an alternative to less appropriate precise scientific investigation. Within these constraints, however, every effort was made to secure the most complete and accurate data possible.

The third requirement was that the "evaluation should be concerned not only with measuring the impact of a program but also with determining which of its features account for success or failure. This knowledge is essential for correcting its weaknesses."[6] This concept was underscored in the following statements abstracted from the CDP section on Evaluation: "The goal of evaluation is to insure the Model Cities programs and projects achieve the best results for the community for the money and effort invested...

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[6] Chicago Model Cities Program Evaluation, op. cit., p. ix.

Clearly, post-mortem evaluations would only tell us what to do better the next time. Our job is to know how to do well this time... The culmination of evaluation is positive action to change or improve programs and projects."[7] The third requirement, therefore, called for the development of a mechanism for consistent feedback, both to the operating and administering agencies, in order to provide the opportunity for timely corrective action based on the evaluation findings. The Work Plan outlined in the contract between the Department of Social Services and Pacific T. & T. A. covers these primary elements of the evaluation design. A more detailed description is given in the section on Methodology.

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[7] San Jose Model Cities CDP, p. 298

Work Plan[8]

"The Contractor shall, in a satisfactory and proper manner as determined by the Agency, evaluate the five (5) designated programs (and the satellite homes attached to the St. Marks project) which together comprise the San Jose Model Cities Child Care Program, as follows:

Work with the Model Cities Child Care Task Committee, the Citizens Advisory Committee, representatives of local consumers and program staff to:

a. Develop specific goals and evaluation criteria
b. Submit instruments to assure that they are compatible with local priorities and criteria (No instrument will be administered to parents, children or staff without prior approval of the Child Care Task Committee or other representatives of local consumers and program staff)
c. Provide periodic reports based on the on-going analysis

Collect and analyze data directed toward:

a. Determining whether programs meet or exceed Federal Interagency Requirements and the State of California Department of Social Welfare standards with respect to physical setting, staffing, program content, nutrition, health, social services and other aspects.
b. Determining whether the individual center programs fulfill the goals established for them with respect to the needs of the children, the needs of the families, and the soundness and efficiency of their operation.
c. Identifying the program components and operational procedures which are most effective in achieving the established goals.
d. Comparing the programs with each other in terms of goals, achievement and effectiveness in the delivery of services.

Develop all appropriate instruments (check lists, profiles, questionnaires, interview schedules, etc.) and recruit and train personnel required to secure the necessary data."

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[8] From contract between the Department of Social Services and Pacific T. & T. A.

In addition to the above contractual commitment to evaluation, Pacific T. & T. A. agreed to undertake monthly monitoring activities. This request was made by the Model Cities Planner at the inception of the program, when the CDA and MC-SJ had not yet developed in-house monitoring capability.

The difference between monitoring and evaluation can be briefly described as follows: monitoring is a regular "checking-up" procedure, to determine how a program is progressing in achieving specific outputs (e.g., Is the program operational? Who and how many are being served? What is the status of resident employment?). It is based on the programs' own regular records and reports; and information so secured is fed into the Model Cities Management Information System. Evaluation, on the other hand, depends upon developing additional sources of data to validate the information secured through monitoring and to measure program effectiveness and efficiency.

Monitoring and evaluation are separate but complementary processes, and carrying both on simultaneously had both advantages and disadvantages. The primary advantage derived from the fact that monitoring activities were directly undertaken by the Evaluation Project Director, providing an opportunity for regular monthly contact with the Directors and the program operations. As a result, the Evaluation Director was able to closely observe on-going changes and to secure factual data on a monthly basis.

The primary disadvantage was based on the necessity for maintaining a separation between the two activities: at least in the initial stages, monitoring reports had to be kept objective and non-judgmental in order to avoid jeopardizing relationships or otherwise hampering the evaluation efforts.

There was also the necessity for retaining a perspective in relation to the long-range evaluation goals, without being unduly influenced by particular information brought to the attention of the Evaluator in the course of monitoring visits. For example, the evaluation design included a staff questionnaire designed to yield information about numbers of staff members having common concerns. Therefore, if an individual staff member mentioned a special concern to the evaluator in the course of a monitoring visit, it was important to delay reporting this information until all staff members had been heard from.

These matters were dealt with by scrupulous respect for confidences shared, by refraining from generalizing on the basis of single comments or attitudes communicated by single individuals, and by double-checking all interviewee reports (generally with the Director) before releasing monitoring information.

As trust grew, based on these precautions, it became progressively more possible to include appropriate qualitative commentary in the evaluator's monthly monitoring reports. The specific approaches utilized in relation to monitoring will be covered in more detail in the following section on methodology.

C. METHODOLOGICAL APPROACH

As indicated in the previous section, there were three primary requirements in developing the evaluation design:

A. Development of specific goals and evaluation criteria

B. Development of a methodology to determine the extent to which objectives were attained

C. Development of a mechanism for consistent feedback

Each of these, plus the monitoring approach, will be examined in detail in this section.

A. Development Of Goals And Criteria

The basic broad goals for both the child care programs and the evaluation study had been spelled out in the CDP, based largely on the thinking of the Health and Social Services Task Force. It was therefore decided that this citizen's body, through its Sub-committee on Child Care, should be primarily responsible for the detailed formulation of measurable goals and objectives. The evaluator abstracted all relevant statements from the CDP and approved project proposals. Using these as a starting point, the evaluator worked with the Sub-committee and staff to refine, expand and clarify these statements.

The first action taken by the Sub-committee in connection with this process was to adopt a statement of goals for the evaluation study itself.

The statement of goals adopted by the Sub-committee on Child Care is reproduced below:

San Jose Child Care Evaluation Project

(Evaluation of five programs which together comprise the San Jose Comprehensive Child Care Program)

GOALS OF THE EVALUATION STUDY

I. Develop an evaluation program based on local priorities and goals, and provide feed-back to aid programs in achieving these goals.

II. A. Determine whether programs meet or exceed Federal and State standards.

  B. Determine whether the programs meet the needs of the children.

  C. Determine whether the programs meet the needs of model neighborhood families.

  D. Determine the soundness and efficiency of program operations.

  E. Identify the program components which are most effective in achieving the established goals.

III. Compare the programs with each other in terms of goal achievement and effectiveness.

1. Goal I

It will be seen that involving the sub-committee in delineating specific objectives was itself a first step in implementing Goal I. A further step was the agreement that all instruments developed by the evaluator would be submitted to the sub-committee for comment and approval before any questionnaires were actually utilized as part of the evaluation study. And finally, the sub-committee recommended that questionnaires developed for parents should provide an opportunity for the parents to express their priorities and expectations in relation to the delivery of child care services. This recommendation was followed (see sample of Parent Questionnaire in the Appendix). The methods which were developed for providing feedback will be discussed on p. 43 ff.

2. Goal II

Goal II, A. It was determined that issues of compliance with FIDCRs could best be accomplished through the monitoring process. A Monitoring Checklist and Narractive Report form was developed from the FIDCRs; this served as the basis of the monitoring interviews. This instrument, like all others, was submitted to the sub-committee for prior review.

Goal II, B. relating to the "needs of the children" and Goal II, C., relating to the "needs of model neighborhood families" were the real statements of fundamental program objectives; as such, they were the keys to evaluation. Neither of these broad and crucial statements had been operationalized. The sub-committee therefore focussed its full attention on developing the specific objectives and strategies which would make measurement possible. The specific program objectives and suggested strategies for Goals II,B and II, C which served as the fundamental guide for evaluation effort are shown on the following pages.

GOAL II,B.

General Objective 1: Increase child care facilities in the MNA

Specific Objectives: Serve 230 MN children in facilities in or near the model neighborhood. Make child care available to all MN children who need it.

Suggested Strategies: Investigate program locations and transportation problems. Analyze enrollment figures and eligibility requirements.

General Objective 2: Prevent child neglect

Specific Objectives: Offer safe care for children while parents work, attend school, or otherwise need these services for their children.

Suggested Strategies: Investigate physical safety factors. Investigate adequacy of supervision.

General Objective 3: Provide an educational program

Specific Objectives: Contribute to the development of a positive self-image. Enhance children's social, cognitive and communication skills.

Suggested Strategies: Make on-site observations of program components, including: Quantity and quality of adult-child interactions, specific nature of program activities, variety and availability of equipment, and general behavior of children.

General Objective 4: Provide Health Care

Specific Objectives: Secure or generate comprehensive diagnostic information about immunizations and dental, visual, auditory or other health problems. Develop an effective system for following through to secure appropriate treatment.

Suggested Strategies: Examine medical records, involvement of medical personnel, and appropriateness and effectiveness of follow-up procedures. Interview parents regarding child health.

General Objective 5: Provide a nutrition program

Specific Objectives: Provide nutritionally balanced meals and snacks for all children enrolled. Introduce special foods to correct identified nutritional deficiencies.

Suggested Strategies: Study menus, food preparation methods, and the availability of a consultant on nutrition.

General Objective 6: Provide Social Services

Specific Objectives: Make counseling and guidance available for the development of an individual case plan for each child. Provide an effective program of referral to additional resources as needed.

Suggested Strategies: Investigate availability of social services, frequency and nature of use, and parent satisfaction.

GOAL II, C.

General Objective 1: Improve parents mobility in the area of gainful employment and/or training for employment.

Specific Objectives: Free parents to engage in work or training programs.

Suggested Strategies: Determine actual changes in parent employment or training situation since enrollment in child care program.

General Objective 2: Improve the family life situation of families who need child care for reasons other than work or training.

Specific Objectives: Make services available to parents who do not work but have other needs for child care services.

Suggested Strategies: Interview parents about reasons for needing child care and changes in the family's life as a result of utilizing these services.

General Objective 3: Assure parental control over the lives of their children.

Specific Objectives: Involve parents in the decision-making process.

Suggested Strategies: Investigate composition and function of parent advisory committees and governing boards.

General Objective 4: Develop a cooperative and mutually supportive relationship between home and Center.

Specific Objectives: Implement a program for systematic communication with parents.

Suggested Strategies: Examine parent-Center communication, including formal and informal parent conferences, parent education classes, discussion groups, etc.

General Objective 5: Meet total family needs for child care services.

Specific Objectives: Provide a variety of program alternatives.

Suggested Strategies: Study variety of program designs and accessibility of the different programs. Interview parents about difficulties in securing services.

General Objective 6: Upgrade economic situation of model neighborhood residents.

Specific Objectives: Provide employment and career opportunities for model neighborhood residents.

Suggested Strategies: Determine the number of MN staff employed, salaries, training programs and promotional opportunities within the Centers.

Goals II, D, II E., and III involve analysis of data secured in measuring the preceding objectives, and this analysis was deemed to be the responsibility of the Evaluator. The result of this analysis constitutes the primary basis of this report.

Delineation of the Goals of Evaluation and the development of specific criteria for measurement of program objectives was accomplished, with numerous revisions and reconsiderations, at four sub-committee meetings, covering a span of two and a half months. Most of these meetings were also attended by the Model Cities Planner (on loan from the Department of Social Services), the Department of Social Services Evaluation Monitor, the Model Cities Community Representative, the CDA Project Specialist, and the Model Cities CDA Evaluator. The final meeting, at which the statement of objectives was formally adopted was also attended by the Operating Agency (O/A) Directors. All of these persons contributed to the final product, which was approved by the sub-committee on October 12, 1971.

B. Development Of The Methodology To Determine The Extent To Which Objectives Were Attained

When the delineation of evaluation goals and the development of specific measurement criteria for programs had been accomplished, the basic measurement strategies were then analyzed by the evaluator in terms of the sources of data and the types of instruments which would be needed, as follows:

Strategy 1: Investigate program locations and transportation problems. Analyze enrollment figures and eligibility requirements.

Data Source: Director
Parents
Program Records

Instruments: Monitoring Checklist and Narrative Form
Parent Questionnaire

Strategy 2: Investigate physical safety factors. Investigate adequacy of supervision.

Data Source: Director
Direct Observation
*Parents
*Staff

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*The following note is applicable to all points with asterisk: While safety factors and the educational component can best be studied by direct observation, opinions of staff and parents also were solicited in these areas.

Instruments: Monitoring Checklist
On-site Observation Form
Parent Questionnaire
Staff Questionnaire

Strategy 3: Make on-site observations of program components, including: Quantity and quality of adult-child interactions, specific nature of program activities, variety and availability of equipment, and general behavior of children.

Data Source: Direct Observation
*Parents
*Staff

Instruments: On-site Observation Form
Parent Questionnaire
Staff Questionnaire

Strategy 4: Examine medical records, involvement of medical personnel, and appropriateness and effectiveness of follow-up procedures. Interview parents regarding child health.

Data Source: Records
Director
Parents

Instruments: Monitoring Checklist
Parent Questionnaire

Strategy 5: Study menus, food preparation methods, and the availability of a consultant on nutrition.

Data Source: Director
Direct Observation

Instruments: Monitoring Checklist
On-site Observation Form

Strategy 6: Investigate availability of social services, frequency and nature of use, and parent satisfaction.

Data Source: Director
Parents

Instruments: Monitoring Checklist
Parent Questionnaire

Strategy 7: Determine actual changes in parent employment or training situation since enrollment in child care program.

Data Source: Parents

Instruments: Parent Questionnaires ("before" and "after")

Strategy 8: Interview parents about reasons for needing child care and changes in the family's life as a result of utilizing these services.

Data Source: Parents

Instruments: Parent Questionnaire

Strategy 9: Investigate composition and function of parent advisory committees and governing boards.

Data Source: Director

Instruments: Monitoring Checklist

Strategy 10: Examine parent-Center communication, including formal and informal parent conferences, parent education classes, discussion groups, etc.

Data Source: Direct Observation
Director
Staff
Parents

Instruments: On-site Observation Form
Monitoring Checklist
Staff Questionnaire
Parent Questionnaires

Strategy 11: Study variety of program designs and accessibility of the different programs.

Interview parents about difficulties in securing services.

Data Source: Director
Direct Observation
Parents

Instruments: Monitoring Checklist

On-site Observation Form

Parent Questionnaire

Strategy 12: Determine the number of MN staff employed, salaries, training programs and promotional opportunities within the Centers.

Data Source: Director

Staff

Instruments: Monitoring Checklist

Staff Questionnaire

Four basic forms were required to accomplish data collection for the evaluation:*

1. The Monitoring Checklist and Narrative Form.
2. Questionnaires for interviewing parents (two forms were required to measure impact in the sense of comparing responses on a "before" form, administered early in the contract year, with responses on an "after" form, administered late in the contract year).

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* It should be noted that there was initial consideration of the desirability of conducting before and after studies of the children. It was jointly decided by the Evaluator, the sub-committee and Model Cities and Department of Social Services staff not to implement this approach for the following reasons: tests do not accurately measure the achievements of minority children, particularly those who are bi-lingual; the time span was too short to allow for significant change even if this were measurable; the anticipated turnover would be too high to allow for an adequate follow-up sample; "poor people are tired of having their children tested;" and it wasn't necessary for the information we were seeking. Questions about child satisfaction with the program were, however, included in the parent questionnaire.

3. A staff questionnaire.

4. A form for structured on-site observations.

These basic forms were therefore developed, pre-tested, submitted to the sub-committee, revised, translated into Spanish, and finally utilized for basic data collection. Some revision of the forms was also required to make them applicable to the St. Mark Home Day Care Project, but the basic content was retained. A full description of the content and methodology (including sampling approaches) for each of these forms is discussed below:

1. The Monitoring Checklist and Narrative Form

The Monitoring Checklist and Narrative Form was designed to secure information needed to investigate issues relating to compliance with FIDCRs, to secure the information specified in the objectives, and to provide data required by the Model Cities Management Information System. It served as the primary basis for monthly monitoring interviews with all of the O/A Directors and, therefore, was the basis for the monthly monitoring reports. These reports were made available to persons charged with monitoring responsibilities in both Model Cities and the Department of Social Services, so that no duplication of effort in relation to monitoring activities would occur or be required.

The form covered the following topics:

- Days and hours of operation
- Location and type of facility

- Description of environmental setting including:

  Floor plan
  General condition (including repairs needed)
  Equipment (including condition and accessibility)

- Administration, including:

  Composition, structure, and activities of governing board and Parent Advisory Committee

  Records maintained

  Existence and nature of administrative policies

- A detailed staff profile, including:

  Title
  Qualifications
  Sex
  Ethnic origin
  Model Neighborhood residency
  Hours worked (and portion of hours in direct child contact)
  Vacancies, terminations, etc.
  Provisions for substitutes
  Staff training programs
  Personnel policies

- A detailed profile of pupil enrollees, including:

  Age
  Sex
  MNR
  Ethnic origin
  Days and hours of attendance
  Terminations, new enrollees, etc.
  Vacancies
  Policies governing requirement and selection

- A parent profile, showing:

  Working status of parents
  Family intactness
  Languages spoken

- Program description, including:

  Regularly-scheduled educational activities
  Special educational activities
  Parent education
  Health
  Social Services
  Nutrition

The detailed form, reproduced in the Appendix, was utilized in the initial interviews. Subsequent interviews covered the same areas of inquiry but focussed on changes and areas requiring further clarification or causing concern.

In addition, monitoring visits were utilized as opportunities to inspect buildings, observe programs, and chat informally with staff members.

2. Parent Questionnaire

Perhaps the most important instruments developed were the "before" and "after" questionnaires for parents. These were designed to enable us to determine parental expectations and priorities in relation to child care; to get information with regard to the needs for child care and the extent to which the child care programs were filling the needs; to secure demographic data about families utilizing child care services; to obtain evaluative judgement of the adequacy of all components of the child care programs from the parents' standpoint; to get indications of child satisfaction, health and behavioral change; to record changes over a period of time; and to follow-up on terminations.

a. Instrument for "before" interviews

Specifically, "before" questionnaires were developed early in the contract period. After being drafted, they were submitted to the child care sub-committee, revised, pre-tested, revised again and finally adopted for use. The complete form, as used, is contained in the Appendix. In brief, the items covered were as follows:

- Demographic data, including:
  - Model Neighborhood residency
  - Marital status
  - Occupations, income, and education of both parents
  - Primary language spoken
  - Ethnic origin
- Reasons for needing or using child care
- Other child care services utilized and degree of satisfaction with these
- Preferences (i.e., type of service which would be selected, given choice)
- Difficulty in securing services and existing unmet needs for care
- Transportation problems
- Care of children when ill
- Information about each child enrolled, including:
  - Age, sex, days and hours of attendance
  - Reason for picking this program for this child
  - Descriptive material regarding child's functional level and social adjustment
  - What parent hopes child will learn; and actual changes observed
  - Child's willingness to attend child care program
  - Child's health

- Parental expectations in relation to staff, educational component, and other facets of a child care program
- Priorities assigned to components of a child care program
- Ratings of each component of the child care program:

  Safety and cleanliness
  Educational program
  Staff
  Health care
  Food
  Social services

- Degree and nature of parental involvement
- Changes in parent's lives since enrolling in program
- General comments

b. Sampling

Investigation of the enrollment patterns revealed that there were generally several children enrolled from a single family. Thus, while child enrollment ranged from 35 to 89, the number of participating families ranged from 17 to 36 per center (including both MNR's and non-MNR's). Since it could be anticipated that some families would move away before the interviews were completed and that others might be unavailable for interviews for a variety of reasons, evaluators were concerned that the sample be large enough to ensure a significant response for detailed analysis. Further, evaluators felt that the programs were structured as unified wholes, so that interviewing only MNR's could distort findings. And, finally, evaluators planned a follow-up study of all members of the initial sample (in order to determine changes and reasons for termination). Knowing there would be significant attrition between the initial and follow-up interviews, evaluators needed a sufficient initial number to make the follow-up study meaning ful. It was therefore decided to interview all families enrolled in September, 1971.*

Completed interviews for a minimum of 2/3 of the parents contained in the initial sample was set as an attainable and statistically valid goal. This goal was achieved for each of the centers studied, yielding a combined total of 83 completed interviews (with a range of 17 to 24 per center).

c. Interviewers

Because of the complexity and in-depth nature of the schedule, and in order to accomplish the goal of 2/3 completed interviews, it was decided to utilize personal interviews. Recruitment, employment, training and supervision of MNR's to serve as parent interviewers was therefore undertaken. Following the Model Cities prescribed recruitment procedures, applications were received from 39 applicants, 18 of them MNR's. Joint Pacific T.&T.A. - Model Cities panels were utilized to select 6 MNR's (2 Black and 4 bi-lingual Mexican-Americans) to serve as parent interviewers. A training kit was developed and a pre-service training session held to instruct interviewers in techniques of interviewing, respect for confidentiality, and guidelines for administering the parent schedule. Weekly, individual meetings were held throughout the interview period and interviewers were reimbursed for training time, mileage and completed interviews. Altogether, it required approximately six weeks to conduct and complete the 83 parent interviews.

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* At Los Pequenitos and San Juan Bautista, the sample included all families enrolled on September 1. At Green Valley, the enrollment jumped from 35 to 67 during September, so our sample included all enrollees on September 1, plus an additional sample of 15 from among the new September enrollees. For CASA, which began operations late, the cut-off data was September 20. St. Mark was not operational during September, so parents in that program could not be included in the "before" study.

d. Follow-Up Parent Questionnaires

After a lapse of four months, follow-up was undertaken. While this is an unfortunately short interval, the length of the contract period and the amount of time required to secure complete parent interviews prevented our allowing for a greater interval. Further, numerous terminations had occurred, even in the four month period, and significant changes had occurred in some of the Center programs, so that evaluators felt a great deal could be learned.

The follow-up, or "after" questionnaire consisted essentially of two scales: one to gain maximum information relative to terminations and the other to assess changes which had occurred in the interim for "continuing" families. This form was briefer than the original, omitting demographic data and questions concerned with expectations and priorities. It focussed instead on changes in employment, current preferences, changes in children and evaluative judgements about all the components of a child care center (e.g., safety, education, staff, food, health, etc.) for comparison with initial responses.

The sample consisted of all respondents to the initial or "before" questionnaire excluding the CASA parents, since that program was no longer funded. Interviewing was again done by model neighborhood residents (the same ones who did the initial interviewing, wherever this was possible).

There was some attrition (as projected) resulting from respondents who had left the area and whose whereabouts were unknown, so that our goal was again placed at 2/3 of the original group of respondent parents (83, minus 17 "CASA parents," for a starting total of 66). This goal was exceeded with the acquisition of 53 completed follow-up questionnaires from Center parents.

In addition, the parent questionnaire was adapted for use with St. Mark parents. Because of the late start of the program and the staggered enrollment pattern, we were able to use only one round of interviews with these parents. The adaptation of the parent questionnaire therefore provided for both families currently enrolled and families which had terminated. All parents who had been in the program during January and February (a total of 33) were approached, and 28 questionnaires were completed.

Samples of the "follow-up" questionnaire for center parents and of the special adaptation for St. Mark parents will be found in the Appendix.

Intensive analysis of the parent questionnaire data was undertaken, on both a center-by-center and comparative basis. Initial findings from the "before" questionnaire were included as part of the November monitoring report. Data from the "after" questionnaire for center parents, as well as a summary of the results of the St. Mark parent study, will be included in this report as appropriate.* Comparisons of "before" and "after" results will also be found in Sections II and III of this report.

3. Staff Questionnaire

Data from staff was deemed extremely important, as a source of information about resident employment, working conditions, training and promotional opportunities, and as a means of securing evaluative judgements about program components from those most intimately involved in the delivery of services. Further, the staff was in an excellent position to comment on administrative effectiveness. Demographic information and staff expectations and priorities were also sought as a basis for comparing staff-parent responses in these areas. The latter was based on the theoretical assumption that program effectiveness is enhanced by a correspondence between the backgrounds and expectations of staff and the families of the children they serve.

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*All raw data and data analyses are filed at Pacific T. & T. A. offices.

a. Staff Interview Schedule

The staff questionnaire covered the following subjects:

- Demographic data, with particular emphasis on securing all that information which was required by Model Cities in relation to resident employment
- Working conditions, including:
  - Hiring practices
  - Salary, and rating of salary
  - Benefits, and rating of benefits
  - Hours, and satisfaction with hours worked
  - Adequacy of supervision
  - Frequency and "helpfulness" of staff meetings
  - Staff relations
  - Pre-service and in-service training
- Administrative efficiency and responsiveness
- Nature of activities performed
- Priority ranking of program components
- Expectations in terms of what constitutes a quality child care program
- Evaluative judgements of all the program components
- Parent involvement
- Extent to which the program meets the needs of the children, the parents, the community, and the staff

This interview schedule, like all others, was submitted to the sub-committee for review and approval. In addition, the input of the O/A directors was sought.

b. Sampling and Method of Distribution

All staff in all of the programs were included in the sample.

A great deal of consideration was given to determining the best means of distributing the questionnaires. Evaluators felt that the need for confidentiality was even greater here than in relation to the parent questionnaires, since no one would wish to jeopardize his job for the sake of assisting in the evaluation process. While parent interviewers had been thoroughly indoctrinated in the need for preserving the confidentiality of respondents, we felt that face-to-face interviews, where it was necessary to tell a community person what he/she believed, would still be threatening to staff members. Direct communication with an outside firm seemed preferable. It was therefore decided to use the following method:

(1) The evaluation project director would attend all staff meetings to distribute the questionnaire, explain precisely how the data was to be used, and answer any questions the staff might have.

(2) The questionnaires were distributed as above, along with return envelopes, addressed to the evaluation project director in Berkeley. Staff were informed that cover sheet identifying pages could be separated from the body of the questionnaire and returned in separate envelopes. The cover sheet dealt with factual information only, and the body of the questionnaire, which asked for comments and judgements, had no identifying information.

(3) The questionnaire was translated into Spanish for those staff members who preferred this language.

(4) Prodding would be done through the center secretary, with the evaluator passing along only the names of staff members who had not returned their cover sheets.

Over-all, 2/3 of the questionnaires were returned completed (with proportions of respondents ranging from 48% at CASA to 100% at Green Valley), and the profiles of respondents tended to parallel the profiles of the entire staffs. Further, the respondents seemed very frank, sometimes amazingly so. Center-by-center summaries of staff responses were included in the January monitoring report and will be cited in later sections of this report.

A special adaptation of the staff questionnaire was developed for the St.Mark administrative staff and the St. Mark providers. Administrative staff forms were distributed as shown above. Provider forms were mailed, with a cover letter signed by both the Evaluation Project Director and the Director of St. Mark, since "staff" meetings of providers are not conducted on a regular basis.

4. On-Site Observation Form

All of the instruments described in the foregoing sections were designed to elicit responses from involved persons--directors, parents and staffs. In order to gain an outside perspective, the evaluation utilized an "expert observer." The expert* selected for this purpose was a staff member of Pacific T. & T. A. with advanced credentials in Early Childhood Education and experience in both program administration and college level teaching.

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*Mrs Harriet Shaffer

In order to secure information which would lend itself to quantitative analysis and be maximally useful to the programs as a guide to self-improvement, an exhaustive On-site Observation Form was constructed. A copy of this form is contained in the Appendix.

Briefly, it provided for the following:

- An hourly staff-pupil ratio count
- An enumeration and evaluation of each element of the program sequence
- A detailed observation of the arrival procedure
- A checklist on program content, including:

    Language
    Art and Music
    Science
    Physical activities
    Health care
    Meal times
    Exemplary components
    Problem areas
    Equipment

- Observations of the children in terms of absorption, contentment, etc.
- A checklist for observation of child-staff interactions
- Observation of the departure procedure, including parent-staff interactions
- A summary on tone, curriculum, staff, and program potential.
- Observation of the facility's impact on program operation

Utilizing this form, the observer made two visits to each center in October and November. One visit covered the period from arrival through lunch, and the second visit covered the period from lunch through departure, so that every aspect of the program could be observed. Neither the Director nor staff had any prior knowledge of what activities and elements were being observed. While it was to be expected that the staff would make every effort to "put their best foot forward," the duration of the visit and the fact that staff could not know what aspects of program were being observed militated against "staging." Further, even attempts to "show off" are revealing of staff attitudes and the observer was unusually perceptive. Evaluation feedback discussions confirmed that the observer was able to derive a highly accurate picture of the program in operation.

Extensive feedback was provided and the summaries of the on-site observations are contained in the November monitoring report.

The entire procedure was repeated in February, giving evaluators a "before" and "after" picture. References to the observer's findings will be made throughout the balance of this report.

For the St. Mark program, with its 20 homes in lieu of a center, it was necessary to modify both the forms and the evaluation procedures. The modified form, adapted for briefer observation of a home setting, is contained in the Appendix. Procedurally, it was impossible and unnecessary to visit all of the homes. Therefore, in consultation with the St. Mark staff, a representative sample of five homes was selected for observation. The observer was accompanied by a St. Mark staff member for two reasons: (1) to allay the anxieties of the woman who was being observed in her own home, under very intimate conditions; and (2) to begin the process of instructing the St. Mark staff in conducting their own on-going evaluative assessment of the Providers who participate in their program. Verbal instruction of the St. Mark staff in observation techniques and use of the form which had been developed was also undertaken.

The following chart is a graphic summary of the forms developed, the populations sampled, the number of each type of form which was completed, and the method of data collected utilized:

Summary of Data Collected

	Instruments	Source	#Completed Forms	Method
	Monitoring Checklist and Narrative Form	Directors	34	Interviews by Project Director
Parent Questionnaire	Parent Interview Schedule	Center parents	83	Interviews by MNR's
	Follow-up Parent Interview Schedule	Center parents	53	Interviews by MNR's
	St. Mark Parent Interview Schedule	St. Mark parents	28	Mail and Interviews by MNR's
Staff Questionnaire	Center Staff Questionnaire*	Center Staffs	38	Hand distribution at staff meetings
	St. Mark Administrative Staff Questionnaire	St. Mark Admin. Staff	5	Hand distribution at staff meetings
	St. Mark Provider Staff Questionnaire*	St. Mark Provider Staff	13	Mail
On-Site Observation	On-site Observation Forms for Centers	Center programs	7	Direct observation (for 12 hours ea.)
	On-site Observation Forms for Homes	Provider's homes	5	Direct observation (for 2-3 hours ea.)

* These forms were prepared in both English and Spanish

Total number completed parent interviews: 164

Total number completed staff interviews: 56

5. Monitoring Activities

It will be seen from the foregoing that monitoring activities were integrated with the over-all evaluation plan. The Monitoring Checklist and Narrative form was used as a basis for monthly interviews by the Evaluation Project Director and provided the basic information for monthly reports to all appropriate personnel within Model Cities and the Department of Social Services. In addition, Model Cities requested that output measures designated in the various MIS forms be reported on a monthly basis. Since the forms, as developed, were not deemed applicable to the child care programs, a meeting was held with Model Cities MIS staff to discuss alternative means of reporting. A cover sheet for the monthly monitoring report was developed and mutually agreed upon. This form showed program status, enrollment figures, staffing (including child-contact hours and resident employment information), status of training programs, and PAC development. It was included as the cover of each monthly monitoring report, submitted in triplicate to Model Cities (one copy each to MIS and Evaluation, and one copy to the community representative for use by the Task Force). In addition, and contrary to general practice, reports on data analysis were included in the monthly reports as they were developed rather than being held for the summary evaluation. This was done in order to communicate maximum available information about the programs under study, at the times when they would be most useful to Model Cities and the Department of Social Services.

6. Fiscal Forms

Brief mention must be made of one additional procedure which was established: this was the development of a special financial reporting form, in consultation with the Department of Social Services fiscal department, to provide a basis for studying fiscal management in programmatic terms. This was done to enable the evaluator and the Department of Social Services Fiscal Department to ascertain what funds were being allocated by the child care programs to the various program components. None of the existing fiscal reporting forms included this type of breakdown, and it was felt that an accurate assessment of program efficiency depended upon securing this additional fiscal information. The form was distributed by the Department of Social Services Fiscal Department for monthly reporting by the O/A's, beginning in October. Several, but not all, of the O/A's completed and returned this form to the Department of Social Services each month thereafter. Copies of forms which were received by the Department of Social Services were shared with the evaluator.

C. Feedback

Consistent with the assumption that evaluation should be a tool for program improvement, every effort was made to provide immediate feedback to the operating agencies, to the Department of Social Services and to Model Cities. In developing our feedback approach, we were also concerned with retaining the trust of the operators, since the success of an evaluation study depends, at least in part, on voluntary cooperation and a frank sharing of information.

The primary methods utilized to accomplish these twin goals included:

1. Feedback to O/A's:

a. Drafts of the monthly monitoring report were presented to the O/A directors before these materials were included in the finished report. While negative facts were never deleted, the O/A directors did have the opportunity to provide explanations for these facts, and these explanations were frequently included. This prior submission of draft reports to O/A directors also ensured the factual accuracy of the monitoring reports.

b. Copies of the finished monthly reports on each center were promptly and regularly sent to O/A's.

c. Each successive monthly interview with the O/A directors built on the preceding month's report, so there was an implicit stimulus to make, and report, corrective changes. It should be noted that, while the evaluator could encourage O/A's to act on recommendations, she had no authority in relation to either the O/A's or the administering agency.

d. Additional, in-depth discussions were conducted in relation to the on-site observations. The project director, the observer, the O/A director, and other appropriate center staff members participated in these feedback sessions. The actual observation forms (completed on site), as well as the narrative summaries, were shared and interpreted in detail.

e. The Evaluator was also available to meet with any group connected with the O/A's, upon request, to serve as a resource person. In this capacity, she participated in meetings of the Los Pequenitos PAC, the St. Mark staff, the St. Mark Board, and the SPC health staff, as well as the O/A Directors in group sessions.

2. Feedback to Model Cities and the Department of Social Services:

a. Complete monthly reports on all O/A's and the status of the evaluation project were sent to the Model Cities Community Representative for use by the Task Force, to the Model Cities-MIS Specialist, to the Model Cities Evaluator, the Department of Social Services Evaluation Monitor, and the Department of Social Services Contract Officer. Feedback from Department of Social Services and Model Cities staff to the Evaluator in relation to these reports was conspicuously lacking, and it was never clear how, or if, these reports were utilized.*

b. The Evaluation Project Director was consistently available to any individual or group from Model Cities or the Department of Social Services for verbal feedback. Frequent meetings were held with the Department of Social Services Evaluation Monitor, Model Cities Planner, and Model Cities Sub-committee on Child Care. In addition, the Evaluation Project Director participated in a variety of meetings, sharing information about the evaluation and the programs under study. Such meetings included: the Health and Social Services Task Force; special meetings in regards to CASA; a meeting with the Model Cities Community Representative, Program Specialist and Program Planner in preparation for consideration of project proposals; a meeting with the Department of Social Services Contract Officer and her staff to discuss the possible future use of the evaluation instruments by the Department of Social Services; meetings with the Department of Social Services administrative staff with regard to system-wide problems and recommendations; etc.

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* The numerical output measures reported in the summary chart did become a part of the Model Cities-MIS records, but there was no information communicated to the Evaluator about the ways in which these records were used. Further, information contained in the monitoring reports obviously served as a partial basis for corrective action mandated at the single Quarterly Review session conducted by the Model Cities Project Specialist, but there was no clear method established for systematic utilization of this monitoring information and evaluation input was not solicited at meetings held preparatory to the Quarterly Review session.

While opportunities for verbal feedback increased progressively throughout the life of the contract, this avenue of communication was never utilized as fully as it might have been by the Department of Social Services and Model Cities. This was symptomatic of a general lack of systematic communication between O/A's, the Department of Social Services and Model Cities. Had a network of communication been operative, with a clear-cut mechanism for implementing recommended improvements, the evaluator would presumably have been asked to assist more actively in the precise identification of problems requiring corrective attention. Section III of this report includes recommendations in this regard.

The approximate time sequences, covering all of the evaluation and monitoring activities described in this section, are summarized in the outline work plan, shown below:

Activity	Months July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Delineate objectives		—	—	—					
Monitoring									
Develop Forms	—								
Conduct Interviews with O/A Directors and write monthly reports.	—	—	—	—	—	—	—	—	
Parent Interviews									
Draft, pre-test, and revise "before" form	—	—							
Recruit, screen and train interviewers		—							
Conduct interviews		—	—	—					
Analyze data				—	—				
Draft "follow-up" and St. Mark parent forms					—	—			
Conduct interviews						—	—	—	
Analyze data									—
Staff Interviews									
Draft form			—						
Distribute to centers				—					
Follow-up					—				
Analyze data					—	—			
Adapt for St. Mark						—			
Distribute & follow-up						—	—		
Analyze data								—	—
On-site Observations									
Develop forms				—					
Do Center observations				—	—		—	—	
Do Home observations								—	

SECTION II

EVALUATION OF CHILD CARE PROGRAMS

INTRODUCTION TO SECTION II

This section will deal with each of the programs in terms of the issues raised in the Federal Interagency Day Care Requirements (FIDCR). It should be noted, however, that the FIDCR are subject to various interpretations; i. e., a program may be in literal compliance and yet fall short of optimum standards. In the course of the evaluation, we have examined the extent to which programs are in technical compliance, and we have further attempted to arrive at objective judgements about the essential quality of each programmatic area. Thus, this report will include such terms as "homey", "warm", "ethnically appropriate", etc. These words are not part of the language contained within the FIDCR, but they are highly relevant to the delivery of "good" child care. A facility which is clean and sterile and institutional-feeling may conform to the letter of the requirements, but it is not necessarily a good place for a child to spend most of his waking hours. A teacher of the proper age and with the right technical qualifications will meet the Code requirements, but if she lacks a warm and loving attitude, a genuine concern for children and an appreciation for their ethnic heritages, we would not want her to be the dominant person in our children's lives. Food may be adequate, nutritious, and prepared with proper respect for sanitation and yet be tasteless, cold and unappetizing. The provision of such items are compliant, but they do not contribute to the growth and well-being of the children. We have, therefore, attempted to assess whether the spirit as well as the letter of the Requirements have been achieved.

The material in this section has been submitted to each of the program directors for review, prior to publication. Nonetheless, the statements made are solely the responsibility of the evaluator, based on the findings of the Evaluation study and on the Evaluator's best judgment of what occured during the Evaluation period.

A. SAN JUAN BAUTISTA CHILD DEVELOPMENT CENTER

PROGRAM SUMMARY

Starting Date: April, 1971

Name of Project: San Juan Bautista Child Development Center

Location: 1515 Pensacola; in Model Neighborhood - tropicana area

Auspices: Private, non-profit corporation

Hours: 7 a.m. - 6 p.m. Monday through Friday

Capacity: 104-150 (Exact # pending determination by SDSW licensing division)

Population served:

Eligibility: 2-12 years of age
MNR's or present, former or potential welfare recipients

Enrollment:

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Total	100	80	105	112	117	112	103	140
MNR	80	50	84	107	105	109	100	135

Ethnic Composition: 52% Black, 31% Mexican-Americans; 17% Anglo and "other"

Staff:

Numbers employed:

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Total	17	15	17	19	19	19	21	24
MNR	4	9	12	13	13	14	15	17

Ethnic Composition: 53% Black; 26% Mexican-Americans; 21% Anglo

FIDCR Compliance Summary

Requirement	In compliance At outset?	In compliance now?
Licensed	No	Licenseable, but still not licensed
Adult-to-child ratio	Yes	Yes
Safety and sanitation	Yes	Yes
Educational services	Yes	Yes
Social Services	No	Yes
Health	No	Yes
Nutrition	Yes	Yes
Staff training	No	Yes
Parent involvement	No	Yes

SAN JUAN BAUTISTA

Housed in the community center building of the San Juan Bautista Apartment Complex, the Child Development Center was begun by the Housing Corporation in April, 1971. The Center is open from 7 A.M. to 6 P.M., Monday through Friday, providing comprehensive child care services for over 100 children between the ages of 2 and 12.

During fiscal 1971-72, the program was funded under two contracts: seed money for 50 children was provided by the Housing Corporation, beginning in April, and local share funding for an additional 50 children was provided by Model Cities beginning in June, 1971. In both instances, the local share funds are being matched 3:1 by Federal monies, under Title IV-A. Both contracts are administered by the Department of Social Services and both require compliance with the FIDCRs, although the target population is defined differently under each contract.

For the coming year, the Health and Social Services Task Force has recommended that Model Cities provide funds for 60 children; the Housing Corporation, however, cannot continue to provide its share of the seed money and the Center's administration is deeply concerned with securing additional local-share funding to maintain the program at its present level and, if possible, to expand.

1. POPULATION AND ELIGIBILITY

Most of the children served by the Center live in the low-to-moderate income, multi-racial apartment complex, but families from the entire model neighborhood area, as well as all former, present and potential welfare recipients, are eligible for service. All families must be certified by the Santa Clara Department of Social Services, and no fees are charged. While there are no restrictions other than age and eligibility (as shown above), priority is given to working parents and parents in training.

Demographic data secured from the parent questionnaires shows that virtually all of the families served are MNR's with the vast majority (80%) receiving some form of welfare assistance. Half of the mothers work, and the remaining half are equally divided between mothers in training and mothers who are at home but are seeking employment or have other specialized needs for child care. Approximately 2/3 are one-parent families. Over half of the families are black; approximately 1/3 are Mexican American; and only a handful are Anglo or "other". Most of the families served have more than one child enrolled, and, with the exception of 3 families who need care for infants, the Center is providing care for all of the children in a family who need care. Roughly half the children are pre-schoolers (most of whom attend full-time), and half are school aged children, who come to the Center before and/or after school.

It is apparent that the Center is meeting the objective of providing care for MNR families who need it.

2. ENVIRONMENTAL STANDARDS

a. Location

The Center is extremely well located. The apartment complex provides a natural population base, and almost all of the children live within easy walking distance of the Center. Only 1 of the 24 responding parents stated that transportation was a problem. Slonaker School, attended by most of the Center's school age children, is a short distance away, so that children can move between school and center with ease. The Center's proximity to Slonaker has the added advantage of facilitating school-center communication and joint staff training programs, and it enables the Center to utilize the school playground for sports activities.

b. Safety and Sanitation

The building itself is new, light and airy, with a well-equipped kitchen and spacious, glass-walled areas separated into "rooms" by folding partitions. There is a completely fenced yard, adjacent to the rooms utilized by the pre-school children.

Having been designed as a community center, rather than a child care center, the facility has posed some special problems: too few toilets and washbasins and none of them child-sized; difficiulities in apportioning space into the separate areas needed by the multi-age child care programs; an "institutional feeling"; problems with noise; no sprinkler system (a licensing requirement); and no shade in the yard. Some of these problems have already been solved--a sprinkler system has been installed; additional room has been secured and space usage has been improved; rugs, couches and wall decorations have been added to produce a more "homey" feeling.

Developing the yard and increasing and lowering the toilet facilities are still priority needs. These can be readily accomplished if funds for renovation are secured.

3. PARENT INVOLVEMENT

Both the staff and the parents cited lack of sufficient parent involvement as a problem from the outset of the program. While there were occasional open houses, there was no program of parent education and no system for consistent communication with parents about the progress of their children.

Formation of a Parent Advisory Committee (PAC) was not undertaken until mandated by Model Cities at the Quarterly Review in October. When a deadline was set by Model Cities, however, the Center moved rapidly to remedy the situation, and a PAC involving approximately half the parents is now operational. An outside Social Worker, assigned by the Eastside Bureau to the Apartment Complex, is providing staff assistance to the PAC. Since the Social Worker is not directly employed by the Center, the PAC is more autonomous than in situations where the Director serves as staff. The PAC has thus far been primarily concerned with organizational matters and with getting parents involved. There are current plans for beginning a program of parent education. The role of the PAC with regard to the basic decision-making process still needs to be defined.

There has not been much progress noted in terms of regular home-center communication about the children. Approximately half of the parents in the initial interviews said they received progress reports. In the follow-up, five said they received regular reports, seven said they were informed "occasionally" or only when they asked, and two said they were not informed at all. Instituting regular parent-teacher conferences should be set as an immediate goal, since the sub-committee established "implementation of a program for systematic communication with parents" as a specific objective.

4. STAFF

The staff-to-pupil ratio has generally been maintained at a level consistent with FIDCRs, although both parents and staff expressed concern with staff shortages. This was true in the follow-up parent interviews as well as the initial interviews. The on-site observer noted a consistent lack of substitutes, and this may be the primary basis for the felt shortage. It is recommended that the method of deploying staff be carefully re-examined and that a reliable pool of substitutes be developed, perhaps in cooperation with the other child care programs.

There is excellent correspondence between the ethnic composition of the staff and the children enrolled, except that Mexican-Americans are relatively under-represented on the professional staff. The participation of three males in child-contact positions is noteworthy.

Generally speaking, San Juan Bautista has a mature and well-educated staff, although fewer than half of the child-contact staff have had specialized training in child development. This lack of specific training was reflected in program deficiences, and the need for effective in-service training was stressed in feedback sessions with the Director. Beginning in January, a regular training program was undertaken, consisting of bi-weekly three-hour sessions for all staff. While this has been a significant step forward, both the Director and the Evaluator still feel that the implementation of a more extensive intern-type of training program, such as that described in the section on system-wide recommendations, remains a high priority need.

Day-to-day supervision of staff has been subject to considerable experimentation. Initially, there was a part-time head teacher. When this proved inadequate, the Director's office was moved closer to the scene of operations, so that the Driector could provide staff supervision. Finding that administrative demands made it virtually impossible for the Director to provide the kind of support and supervision which was needed, the centrally-located office was converted to a staff room and a teacher-supervisor was employed. The Director's willingness to experiment has been highly constructive and the present solution seems to be working well for the pre-school program. There now appears to be a need for two head teachers--the present head teacher and another for the Extended Day Care (EDC) program--because of the size of the enrollment and the varied programs which need to be developed for the two age groups.

In analyzing staff comments on working conditions, we noted that while salaries are generally better than those paid at other centers, 8 of the 10 respondents rated their salaries "fair" or "poor." Benefits are comparatively very good and were generally well-rated by staff. There was, however, either a lack of uniformity or a lack of adequate communication in relation to compensatory time, sick leave and paid training time. These had not been standardized and/or clarified. In December, the Director undertook staff evaluations and, consequently, terminated several staff members. These terminations precipitated a series of staff meetings at which a list of grievances and demands were developed. Some related to the manner in which the terminations were handled, and others related to such matters as overtime compensation, standarization of staff titles, pay and other staff conerns. This situation might well have erupted into a serious one. However, a series of actions were taken immediately, which alleviated the situation: the Board held a special hearing on the complaints, and the Director moved to meet a number of the demands. The PAC was also apprised of the situation. In this way, through the provision of an adequate grievance mechanism and a willingness to meet just demands, a crisis situation was averted.

5. EDUCATION SERVICES

In the initial interview, both staff and parents rated the education program as "pretty good". A number of parents felt that the educational program could be improved through greater variety, creativity, and "interested, motivated teachers". Similarly staff felt that the basic academically-oriented activities were quite strong, but that the expressive aspects needed to be strengthened. Lack of adequate equipment was strongly cited by staff.

The educational program came under sharper criticism by the expert observer, a specialist in early childhood education. Her report indicated that the program was run with far too much emphasis on repressive control of the children, with too little attention given to individual needs and development and too few opportunities for child input. Part of the difficulty was attributable to the serious shortage of equipment and part to the staff's orientation, reflecting a lack of adequate staff training about the ways in which children learn. Detailed recommendations relating to all aspects of the educational program were communicated to the Director and Head Teacher during an extensive feedback session. The Director and Head Teacher displayed sincere concern, welcomed the criticisms and suggestions and moved to rectify the situation. As noted elsewhere, prompt attention was given to improving space usage, a training program was begun, the institutional tone was softened, and appropriate staff changes and reassignments were made. In addition, quantities of equipment were purchased and made more accessible to the children; daily schedules were posted and other suggested changes were made. This responsive approach was highly successful. The follow-up on-site observation noted substantial imporvement in both the tone of the Center and the response of the children to the imporved learning environment. This improvement was verified in the follow-up parent interviews, with 11 of the 14 continuing parents stating that they had observed positive changes in their children.

The EDC portion of the program was identified as a source of continued concern during the follow-up on-site observation. The observer felt that the program was essentially a continuation of the school day, with insufficient enrichment and variety. In this connection, it should be noted that three of the four families who dropped out between the "before" and "after" interviews had school-age children, and their primary reason given for leaving the program was the children's boredom or unwillingness to attend.

The educational program would also benefit by attention to the outdoor area, the puchase of still more equipment for the pre-school children, and a more in-depth staff training program. With the start that has already been made, however, the outlook for delivery of a quality educational program is very promising.

6. HEALTH AND NUTRITION

a. In the initial interviews, more than half of the parents stated that there was no health program or that they knew of none. Staff rated the health program "pretty good" but cited the need for a nurse or aide.

In the follow-up parent interviews in February, 12 of the 14 "continuing parents" were aware of a functioning health program. In the intervening time, a health program had been developed, comprised of the following elements: (1) a doctor from the public health department had done diagnostic work-ups and immunizations on almost all of the children, (2) a public health nurse had gotten the children's medical records in shape, and (3) a full-time health aide had been employed and was being trained. This progress resulted from the efforts of the Center to secure assistance, the cooperation of the Health Department and the involvement of SPC* in over-all health planning. This combination of Center effort and outside support would seem to be crucial if all of the FIDCRs are to be fulfilled by child care programs. At the present time, the Center is prepared to offer adequate diagnostic health care, but provision for follow-up medical and dental treatment is still lacking.

While almost all of the parents were aware of the health program, its impact had not yet been felt at the time of the follow-up interviews. One parent said she had withdrawn her child because of frequent illnesses, one expressed concern that children picked up lice and worms from other children at the Center; and another said her child was getting more frequent colds. It is assumed that this was due to the fact that the health aide had just been employed and the morning inspection procedure had not become operational in time to have an impact. Subsequent evaluations will be needed to verify whether the anticipated positive impact has been realized.

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*Social Planning Council, the organization with contractual responsibility for the development of 4-C's.

b. Nutrition

Breakfast, morning snack, lunch and afternoon snack are served by the Center. These are prepared in the Center's kitchen by a cook and two part-time assistants. Surplus foods are utilized. All respondents and observers--parents in both the before and after interviews, the staff, the on-site observer, and the evaluator--have rated the food as ample, nutritious, culturally appropriate and tasty. The SPC nutritional consultant made several suggestions about possible economies, the need for improved sanitation, and the desirability of using recipes, but there was no comment on the nutritional content of the existing menus. Unless deficiencies in these are shown to exist, it will be assumed that the nutritional component of the program is adequate. Prescribed public health standards of cleanliness in regards to hair nets, handwashing procedures, etc., should, of course, be followed.

7. SOCIAL SERVICES

At the outset of the program there was no social services program and no indication that individual case planning had been undertaken to assist parents in selecting the child care program most appropriate to their needs. None of the four "terminated families" studied during the follow-up interviews indicated they had received any assistance in making child care arrangements. In November, a social worker was assigned by the Eastside Social Services Bureau to devote fulltime to Complex residents, with approximately half of her time to be spent in services to the Child Development Center. The services of the Social Worker have consisted primarily of (1) following up on families of children with sporadic attendance, physical difficulties or emotional problems, as identified by the teaching staff; (2) serving as coordinator of the PAC; and (3) offering monthly training sessions on child development for all staff members. This has been an excellent support and referral service, but it has not really addressed the issue of prior case planning, since the social worker is not involved in either intake or termination.

8. ADMINISTRATION AND COORDINATION

At the outset, the Housing Corporation served as the delegate agency, operating the child development center as well as the Apartment Complex. In the past few months, a separate Board of Directors has been established and incorporated as the operating agency for the Center. Members of the Board were selected by the Housing Corporation and presently include a pediatrician, an accountant, a teacher and two businessmen. Ultimately, the Board will be comprised of nine persons, although there are as yet no definite decisions about who will fill the remaining four slots. The matter of parent representation on the Board of Directors is still under discussion. Either direct representation or an alternative means for ensuring effective parent input must be devised if the objective of a parent role in decision-making is to be achieved.

The new Board has been actively involved in reviewing proposals, revising by-laws, and devising personnel policies and other documents related to Center functioning. The Board played an active role in resolving personnel grievances in January; and it will be even more active in relation to all aspects of the program, as its members gain increased knowledge of the Center's operation.

The Director is the program's sole administrator, with full administrative responsibility for all aspects of the program (subject only to the policy decisions of the Board). An accountant handles fiscal matters on a contractual basis, and a head teacher provides day-to-day supervision of staff, although issues relating to hiring, firing and other management-staff relations remain the responsibility of the Director.

The Director is a strong and effective administrator and an outspoken advocate for child care. In completing the staff questionnaires in November, three-fourths of the Center staff stated that the program is running smoothly and efficiently, and all of the respondents indicated that the Director was responsive to their suggestions. This was confirmed by parents' responses to the follow-up questionnaire with 12 out of 14 parents stating that the program was smoothly run, and all but one stating that their suggestions were welcome (8 said suggestions were "very welcome" and 5 said they were "welcome to some extent"). Both the Evaluator and Observer found the Director highly responsive to their recommendations. This willingness to accept constructive input from staff, parents, and "experts" is seen as one of the greatest strengths of the program and the reason for a majority of the improvements made during the contract year.

A need for technical assistance to the Director should also be noted, arising from the multiplicity of responsibilities and the impossibility of one person being an expert in such diverse areas as fiscal management, curriculum development, health, etc. This need is confirmed by four of the twelve families who were still continuing in the program at the time of the follow-up interviews: they indicated that the director should have assistance in managing such a large program.

PROBLEM SUMMARY
SAN JUAN BAUTISTA

Initial Problem	Identified by				Outcome
	Monitor	Parent	Staff	Observer	
Unlicensed	X	X	X	X	Licenseable, but license still pending
Too few toilets & washbasins, also, too high	X	X		X	No change
No PAC	X	X	X		PAC formed December, 1971
Inadequate feedback to parents re: child progress		X	X		More, but still largely irregular
Need more staff &/or substitutes		X	X		Staff increased, but shortages still mentioned in follow-up interviews & observation
No in-service training	X		X	X	Bi-weekly training program started in Jan. 1972
Inequities in salaries, titles & benefits			X		Corrected
Need more equipment			X	X	More purchased; more is still needed
Expressive aspects of education prog. weak	X		X	X	Much improved
Space inadequate or inadequately utilized	X		X	X	Much improved
Need health program	X	X	X		Health program instituted, still no med. or dental treatment available.
No social service component	X	X			Social Worker assigned to Center

RECOMMENDATIONS

Continue to take all steps needed to secure license at earliest possible date

Undertake needed physical improvements, including:

  Increasing and lowering toilet and washbasin facilities

  Developing the outdoor facility (provide shaded area and more equipment)

Upgrade the Extended Day Care Program, by:

  Employing a head teacher for the Extended Day Care Program

  Enriching the EDC curriculum

Improve home-center communication through regular parent-teacher conferences

Ensure consistently adequate supervision of the children, through:

  Deploying staff as effectively as possible

  Developing, and using, an adequate pool of substitute teachers and aides

Institute a program of in-depth on-the-job training

Provide for medical and dental follow-up care

Provide a means for ensuring parent input on the Board

Secure technical assistance, as needed or requested, in special areas (e.g., curriculum development, staff training, fiscal management, etc.)

Purchase additional equipment for the preschool program

Involve social worker in intake and terminations, if possible

B. GREEN VALLEY PRESCHOOL AND CHILD CARE CENTER

PROGRAM SUMMARY

Starting Date: Nov. 4, 1970

Name of Project: Green Valley Preschool and Child Care Center

Location: 318 El Rancho Verde Drive

Auspices: Learning Achievement Corporation (a private, profit-making corporation)

Hours: 6:30 a.m. - 6:00 p.m.

Capacity: Licensed for 64 slots; funded by Model Cities for 30 slots

Population served: Preschoolers (3-5 years of age) only
Eligibility: MNR's; present, former or potential welfare recipients; anyone else on a full-pay basis

Enrollment:

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	40% MNR's in Feb.
Total	37	35	67	71	70	70	75	71	
MNR	5	4	20	28	31	30	31	29	

Ethnic Composition: 49% Anglo; 26% Mexican-American; 18% Black; 7% Other (Oct.)

Staff:

Numbers:

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	46% MNR's in Feb.
Total	6	5	8	11	11	11	13	13	
MNR	1	1	2	3	3	4	6	6	

Ethnic Composition: 69% Anglo; 23% Mexican-Americans; 8% Black (Feb.)

Extent of compliance with Federal Interagency Requirements

Requirement	In compliance at outset?	In compliance now?
Licensed	Yes	Yes
Adult-to-child ratio	Not fully	Technically acceptable
Safety and sanitation	Yes	Yes
Educational services	Yes	Yes
Social Services	No	Yes, Partially
Health	No	Yes
Nutrition	Yes, Partically	Yes, Partially
Staff training	No	Yes, Partially
Parent involvement	No	Yes

GREEN VALLEY

The Green Valley Preschool and Child Care Center, located at 318 El Rancho Verde Drive in San Jose, is one of several Green Valley Centers operated by Learning Achievement Corporation (LAC). LAC is a private, profit-making enterprise with inhouse activities including operating preschool centers and designing educational materials (notably the EDGE program).

The Center began operation at this site on November 4, 1970, providing a preschool program, on a full-pay basis, for approximately 30 children. Enrollment has since grown to over 70 children. The Center is open from 6:30 a.m. to 6:00 p.m., and children attend for periods ranging from 5 hours to 50+ hours per week. Only preschoolers are served.

Funding

During fiscal year 1971-72, Model Cities provided seed money for 30 children. This was matched 3:1 by federal monies, under Title IV-A, and administered by DSS. Children were also enrolled, under contract with DSS, from families of former, present or potential welfare recipients. No fees were charged for Model Neighborhood Residents, and reimbursement to the Center was at a maximum rate of $6.50 for a full day. For welfare families, a sliding fee has been charged and the balance, up to the total of $6.50/day, is paid by DSS. The remaining children in the program are privately enrolled, with families paying the full cost for services.

For the coming year, the Health and Social Services Task Force has recommended that $66,000 be allocated to Green Valley, to provide care for 30 children at a rate of $2,200 per year per child.

1. POPULATION AND ELIGIBILITY

Enrollees fall into three categories: (1) MNRs; (2) former, present and potential welfare recipients; and (3) anyone else who desires the service and is able to pay for the full cost of care. Green Valley is the only program supported by Model Cities which enrolls families in the third category. It also differs from all other programs under study in that enrollment is limited to preschool children (between the ages of three to five, inclusive). There are no other eligibility requirements, but children of working parents and parents in training would be given priority if there were a crush of applicants. Approximately 40% of the enrollees are MNRs. Additional demographic data secured from the parent questionnaires* shows that: (1) nearly two-thirds of the families served are intact; (2) over half of the mothers are at home full time, but feel that a preschool experience would be beneficial for their children (of the remainder, most are employed); (3) two thirds of the families have a total annual income above $5,000 per year; (4) approximately one-half of the children are Anglo, one-fourth Mexican American and the remaining one-fourth are black or "other".

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*As noted in the section on Methodology, parent questionnaires were completed for a sample of twenty parents enrolled in September and October. Many new families have since enrolled and the current parent profile may differ somewhat from that shown above.

This is the only Center studied which has a majority of middle-class Anglo children enrolled. A great many of these children participate on a part-time basis, since their mothers are not employed, and they are seeking a preschool experience rather than a child care program. For parents who are working, it is sometimes necessary to secure additional child care services for younger and/or older children. However, only one family cited this as a problem.

At the outset, the Center had difficulty securing sufficient MNR enrollment to fill the 30 allocated slots. Active recruitment was undertaken in September, and since then (from October through February), the MNR enrollment has been steadily maintained at near capacity; i. e., the MNR enrollment has ranged from 28 to 31, but additional children could still be served because a few of the children attend only part day and the Model Cities contract provides for 30 slots.

The rapid increase in enrollment created some initial staffing problems, but these have been essentially resolved. A few of the parents have expressed concern over the very large numbers now being accommodated, but the great majority of parents have commented favorably on the changes.

It may be concluded that the Center is effectively reaching and serving the MNR families provided for in its contract with Model Cities.

2. ENVIRONMENT

a. Location

The Green Valley Center is located outside of the Model Neighborhood but close to the northern edge of Mayfair. While two thirds of the families live more than two miles away, only two of twenty parent respondents said that transporation was a problem. In this connection, it should be noted that half of the parents stated that they selected this Center for specific, positive reasons rather than simply because it was "closest". It appears that parents are willing to take their children farther, if necessary, in order to participate in the program of their choice.

b. Safety and Sanitation

This Center was specifically designed as a child care center, with prior examination of the blueprints by the SDSW Licensing Division. Consequently, it has sufficient toilets, window space, floor space, fenced yard space, etc. It fulfills all of the code requirements for the 64 children it is licensed to serve.

The Center is in a new building which is light, spacious, and cheerful in all of the program areas utilized by the children. Folding partitions separate the large area into flexible rooms, requiring special efforts to achieve a homey feeling. This was recently accomplished in specific response to suggestions by the on-site observer. The lack of real walls has also made noise control a problem and storage space is in short supply. But these are small considerations in a physically-delightful facility, and they can be remedied through the use of more rugs and portable storage units. Both parents and staff accorded this facility the top rating in terms of adequacy and safety. A need for improved maintenance was, however, noted by the staff, the observer and the evaluator. This too can be remedied by securing a more adequate maintenance service.

Arranging adequate space for staff use, on the other hand, poses a difficult problem. When a corridor was closed off recently to provide a tiny office for the health aide and an adequate isolation area for sick children, the Director's office was necessarily converted into a pathway, producing obvious problems. Further, there is no staff room where staff members can prepare materials, rest, or confer. Attention to the space needs of staff would be highly desirable.

3. PARENT INVOLVEMENT

In initial parent interviews, no parents identified themselves as "involved" in the Center. Since then, bi-weekly coffee hours have been instituted, where parents are invited to stay a few minutes, have a cup of coffee and observe the program. Also, in response to the Model Cities mandate at the Quarterly Review, a small PAC has been formed (comprised of three parents, a social worker from the Eastside Social Service Bureau, and a public health nurse). While PAC meetings are held monthly and all parents have been invited to participate, the response has been poor. This is consistent with the initial comments of parents--while about half said that they would like to be more involved, they indicated that they were interested in knowing more about the Center and their children's progress, but did not express a desire to be part of a parent organization. In follow-up interviews, three parents stated that they were involved and would like to do still more; seven said they were not involved and six of these had no desire to be. Only one "uninvolved" parent would like to do more. Virtually all of the parents, both "before" and "after" said that they felt welcome at the Center. On the other hand, most of the parents said they were informed about their children's progress only occasionally or if they asked, and many would like more regular parent-teacher conferences. The observer noted that, with the exception of the Director, who consistently and effectively interacts with parents, staff-parent interaction is erratic. The observer recommended that the teachers make more effort to communicate with parents.

It seems that the present level of involvement in the PAC is all that the parents want at this time. The coffee hours are an excellent addition to the program, though the possibility of special parent education programs should also be explored, and increased opportunities for parents to participate on a day-to-day basis should be provided. Parent-Center communication about the children's progress needs to be strengthened, both in regular parent-teacher conferences and through informal communication between teacher and parents when the children are brought in and picked up.

4. STAFF

Precise computation of staff and child attendance hours in October revealed a shortage of 32 to 49 staff hours per week, on the basis of full compliance with the FIDCR for all children enrolled in the program. Since a portion of the children are privately enrolled, the question arises as to whether the Center is obligated to maintain the FIDCR ratios for these children as well as those covered by federal funds. Policy on this issue is contained in Circular Letter #2495, dated September 20, 1970, from the State Department of Social Welfare, as follows: "If a nursery has a substantial number of children enrolled in the facility for whom federal funds are received, it must meet all the standards as defined in the subchapter... For children three to four years old... the total ratio of adults to children (shall be) no less than one to five. For children four to six years old... the total ratio of adults to children (shall be) no less than one to seven." Since Green Valley serves only preschool children, it appears that an overall ratio of one adult to six children must be maintained. The FIDCR, however, stipulate that on-site programs which come under federal funding after being in operation shall have three years to achieve the desired ratio, providing they demonstrate movement toward compliance. While Green Valley should not be considered to be technically out of compliance, it would obviously be desirable to move toward the 1:6 ratio as soon as feasible.

To quote the observer: "The staff at Green Valley is young, active and enthusiastic. They obviously enjoy their work and work very cooperatively with one another. As a staff, they seemed well aware of their particular responsibilities and the overall program sequence." Parents rated all staff members "pretty good" or "very good" in both the before and after interviews, with such spontaneous comments as: "teachers really care about the children, "they're doing a great job," "my child really likes the teachers."

In most areas, this is a highly satisfied staff: administrative processes, staff participation in making decisions, frequency and helpfulness of staff meetings, and staff relations all receive excellent ratings.

Two primary problem areas were, however, identified: (1) salaries and benefits were generally rated fair or poor and (2) training was virtually non-existent.

As compared with the other centers, salaries and benefits are indeed poor, and it is presumed that these are tolerated by staff primarily because of the excellence of the other factors cited above. Raising salaries of all staff (director, teachers and aides), adding a health plan and increasing sick leave, and providing uniform compensation for overtime work, were clearly indicated.

Most of the teachers work part-time, suiting their working hours to college attendance. This makes scheduling difficult, especially in providing for subsitutes. It also means that there are a great number of different teachers to whom the children and parents must relate.

While many of the teachers are now attending college, this does not substitute for an effective in-service training program. Over the course of the evaluation period, some intermittent educational workshops were held and more are planned. While individual education workshops of this type are always a welcome addition, both the observer and the evaluator felt that a program of intensive, systematic, on-the-job training was a top priority need, particularly in view of the limited educational and experiential background of the non-professional staff members. Bringing in a highly qualified expert to conduct an in-depth, training program on-site would serve to upgrade the skills of staff and assist the director in becoming even more effective in providing on-going evaluation, supervision and instruction to the staff.

When first observed, the staff was almost entirely Anglo. In recent months, the ethnic balance of the staff has been greatly improved, although the employment of additional Mexican American and Black staff would be desirable, as would the employment of males.* A need for instruction in relation to diverse cultural heritages is indicated.

It was noted that the proportion of MNR staff has risen steadily and now exceeds the percentage of MNR children enrolled.

5. EDUCATIONAL SERVICES

The development of the educational component is best shown by selected quotations from the on-site observation reports in November and February. In November, the observer reported: "There are a great many activities offered at Green Valley, executed with a maximum of efficiency and a minimum of mess. Most of the activities, however, are teacher-initiated, teacher-directed and teacher-controlled. . . . As a result the children tend to be kept busy rather than involved. . . . The children are treated warmly by the staff but in a way that treats them as objects to be manipulated and directed rather than as active participants in their own growth and development."

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*There is presently a regular male volunteer and a father who assists on an occasional basis, but there are no paid male staff members.

In the February report, significant improvement is noted: "It is in the individualizing of the treatment of children that the most important changes have taken place. . . . The implementation of a much more self-paced curriculum has now freed the staff to more sensitively 'tune in' to the children's verbal and non-verbal cues." Follow-up parent interviews also reflect this change: ten of the eleven continuing parents interviewed stated positive changes had occurred in their children, particularly citing an improved ability to share and get along with others, improved vocabularies and a positive attitude towards school.

All respondents--staff, parents, observer and evaluator--expressed concern about the insufficiency of equipment at the beginning of the study period. Much improvement has been noted in this area also, although quality books, additional outdoor equipment and manipulative materials are still needed.

6. HEALTH AND NUTRITION

a. Health

Beginning with no health component whatsoever, the Center has recently employed a half time health aide, and the proposal for next year includes increasing this position to full time. All but two of the parents interviewed in the follow-up were aware of this change. None of the parents stated that their children were less healthy as a result of participating in the Center, whereas three said they were healthier.

b. Nutrition

Morning snack, lunch and afternoon snack are served. Food is prepared on-site by a staff member who divides her time between cooking and teaching.

The quality of food was well rated by parents, in before and after interviews, and by staff. However, both staff and the evaluators noted that the food was insufficient in quantity--no breakfast is served, a serious omission for those children who spend a very long day in the program and who may have come to the Center without breakfast; and there is often too little food at lunch to permit the children to have second helpings. The nutritional consultant from SPC cited the insufficiency of kitchen equipment (in particular, the need for a freezer, added cooking utensils, and a booster for the dishwasher); she also expressed concern about the storage methods in use. The advice of the nutritional consultant was followed in regard to storage, and some utensils and serving dishes were purchased. The Green Valley proposal for the second action year provides for hiring a full-time cook and serving breakfast.

7. SOCIAL SERVICES

This Center had no social service program prior to December, when the Director made contact with a social worker at the Eastside Office of the Department of Social Services. This worker agreed to participate in the Parent Advisory Committee and to come twice a month (on coffee days) in order to chat informally with the parents. In addition, the Director may call upon the social worker whenever there are problems with any child or family within the center. To date, the worker's role in this regard has been primarily to provide a link between the family and the family's regular worker. She will also make home calls on referral. No specific amount of time has been committed to the Center by the social worker. This is a minimum fulfillment of the social services component. A more complete plan for social service component, favored by the evaluator is described under intake in the section on system wide recommendations.

In relation to admission procedures, Title 22 of the SDSW Administrative Code points out that "each child's first days in the nursery must be planned for on an individual basis to make his adjustment to the nursery as smooth as possible." Green Valley is the only Center which specifically provides for gradual acclimation of a new child into the program by progressively lengthening the period of attendance.

8. ADMINISTRATION AND COORDINATION

As indicated previously, Learning Achievement Corporation (LAC) is a private, profit-making corporation which operates a number of Green Valley Centers. All of the on-site Center Directors are directly answerable to the Vice-President of the Corporation. Generally speaking, the Director has autonomy in employing staff, determining the educational philosophy and specific activities of the Center (with the exception that Learning Achievement Corporation expects its preschool programs to utilize the educational materials which have been designed by LAC), and administering all of the day-to-day program operations.

The Director's primary responsibility to LAC is monetary accountability. The Corporation's fiscal control has extensive ramifications, however, since financial and budgetary factors are primary considerations in determining the amount of salaries and benefits, the numbers of staff employed, the amount which may be expended for equipment, food, maintenance, etc. And these factors in turn have significant implications for all aspects of the program's operation. In the December monitoring report, the Evaluator indicated that most of the problems which had been identified at the Center were directly attributable to a shortage of funds, and that almost all of the needed improvements could be provided "if the Corporation were to request and receive a larger per diem allocation; i. e. , the eight dollar per diem amount which is allocated to the other center programs." To quote further from that report:

> "Thus far the Corporation has not requested such a per diem allowance. While this matter has not been discussed with the Corporation, there appears to be a philosophic conviction that it is preferable to offer care at minimum cost. Further, it may be speculated that the Corporation is concerned that increasing the budgetary expenditures at this center would establish a precedent for other Corporation-sponsored centers which do not receive federal support."
>
> "However, in light of the special population served at this center and the special demands made upon the center by the Federal Interagency Requirements, higher per diem expenditures and the provision of additional services would seem to be indicated. This should not affect the Corporation's established budgetary standards for its non-federally-supported preschool programs since they are not required to comply with Federal Interagency Requirements. It is recommended that the matter of budget as it relates to program be thoroughly explored by the Corporation and DSS in connection with the preparation of next year's contract."

This viewpoint was underscored in the February Monitoring Report as follows:

> "The rationale of the Corporation in being reluctant to raise staff salaries is understandable; namely, that salaries once raised cannot be reduced and that such reductions might be necessary if the program has to become fully self-supporting at some future time. While inadequate salaries and benefits for employees (especially MNR's) is deplorable, there is no concrete evidence that the salaries paid have adversely affected the program.
>
> The same rationale, however, does not obtain in other areas. Shortages of funds for nutrition, equipment and other program needs have definitely had an adverse affect upon the program. It is strongly recommended that budgetary allocations in these programmatic areas be increased."

Learning Achievement Corporation has increased its budgetary request in relation to all of these areas. In light of this new budget proposal, it is anticipated that the coming year will bring a marked strengthening of what is already a solid program. The responsiveness of LAC in this matter is substantial proof that profit-making enterprises can be persuaded to deliver quality care as well as economical care.

On-Site Director

The Director of the Green Valley Center is a vibrant young woman who has inspired the enthusiastic support of both the parents and her staff. In response to the staff questionnaire, nine out of eleven staff members rated her "excellent;" ten said the program runs smoothly; nine felt decisions were made efficiently; and all eleven said that staff have enough to say about the program. This is virtually unprecedented praise for a director's effectiveness and seems to reflect the Director's active involvement in the day-to-day running of the program, as well as her personally supportive relationships with her staff. The fact that she doesn't control the "purse strings" might be an asset in averting the type of management-labor difficulties experienced by other directors. Similarly, in the follow-up parent interviews when parents were specifically asked to comment on the Director, all parents made strongly positive comments. The Director herself felt that she had two primary difficulties in the course of the year. First, it was sometimes difficult to deal with two "masters"--the Corporation and the administering agency--when the expectations of the two did not coincide. Since the Corporation office has been moved to San Jose, there has been more direct contact between the responsible LAC Vice-President and the Model Cities and Department of Social Services personnel, and communication has been greatly improved. Secondly, having experience primarily in private preschool education, the Director found that she had to do a good deal of rapid learning to cope with the multiple demands which are made upon Directors in terms of parent involvement, health care, teacher training, and other diverse aspects of federally-funded child care programs. She has weathered these most successfully, but technical assistance should have been provided.

The Evaluator has observed that the Director at this Center has a most taxing job--she handles all of the administrative details with no secretarial assistance and performs most of the functions of a head teacher as well. This latter role has been most constructive in enhancing her relations with the teaching staff and should be continued if at all possible. Adding a clerk to handle the numerous phone calls and paper work details would certainly be helpful

PROBLEM SUMMARY
GREEN VALLEY

Initial Problem	Identified by				Outcome
	Monitor	Parent	Staff	Observer	
No parent involvement	X	X	X	X	PAC Formed; Bi-weekly "coffee hours"
No health program	X	X	X		Health aide employed
No social service program	X	X			Improved through minimal involvement of social worker from Eastside Bureau
Few MNR employees	X				Corrected - % of MNR staff now exceeds % of MNR enrollment
Poor ethnic representation on staff	X			X	Improved
No staff training	X		X	X	Some improvement
Insufficient staff	X	X	X	X	Improved & technically satisfactory, but further improvement is needed
Low pay	X		X		Slight improvement
Poor benefits	X		X		No change
No secretary	X			X	No change
Need better maintenance	X		X	X	No change
Not "homey"				X	Improved
More space needed for staff functions	X		X		No change
Insufficient equipment	X	X	X	X	Improved
Insufficient individualization of educ. program; too little child in-put				X	Much improved
Quantity of food insufficient	X	X	X	X	No change

RECOMMENDATIONS

First Priority:

Increase per diem allocation to provide adequate funds for all programmatic needs, including:

- Employment of additional teachers--to increase staff-to-pupil ratio, improve ethnic composition of staff, and add males in child-contact positions
- Increase in staff salaries and benefits
- Purchase of quality books, additional outdoor equipment, and manipulative materials
- Addition of breakfast and increase in the quantity of food available for lunch and snacks

Institute an in-depth on-the-job training program

Improve home-center communication, through:

- Instituting regular parent-teacher conferences
- Encouraging teachers to greet and talk with parents when children are delivered and picked up
- Working with the PAC to plan and involve parents in occasional parent education programs
- Involving parents as regular volunteers, insofar as possible

Second Priority:

- Improve maintenance
- Employ a clerk
- Attend to the space needs of staff (staff room, privacy for Director)
- Secure technical assistance, as needed or requested, in such special areas as parent involvement, staff training, nutrition
- Upgrade social services component
- Add storage cabinets and rugs

C. LOS PEQUENITOS CHILD DEVELOPMENT CENTER

PROGRAM SUMMARY

Starting Date: Dec. 31, 1970

Name of Project: Los Pequenitos Child Development Center

Location: 502 Illinois Avenue - on playground of Gardner School

Auspices: Foundation for Research and Community Development, a private, non-profit corporation

Hours: 6:30 a.m. - 6:30 p.m., Monday through Friday

Capacity: Licensed for 55

Population Served: Two to sixteen years of age (need not be toilet trained)

Eligibility: MNR's, or former, present or potential welfare recipients
Priority to working parents and parents in training

Enrollment:

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Total	54	65	42	61	61	55	55	61
MNR	49	50	42	49	49	55	55	58

Ethnic Composition: 98% M-A; 1% Black; 1% Anglo

Staff:

Numbers:

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Total	10	10	10	10	9	10	10	10
MNR	1	4	5	5	3	7	7	8

Ethnic Composition: 73% M-A; 27% Anglo

Extent of Compliance with Federal Interagency Requirements:

Requirement	In compliance at outset?	In compliance now?
Licensed	Yes, with exceptions	Yes, with exceptions
Adult-to-child ratio	Yes	Yes
Safety and sanitation	No	No
Educational services	Yes	Yes
Social Services	No	No
Health	No	Yes
Nutrition	Yes	Yes
Staff training	Yes	No
Parent involvement	Yes	Yes

LOS PEQUENITOS

The Los Pequenitos Child Development Center is one of three centers operated by the Foundation for Research and Community Development (FRCD). The program was begun at another site and re-located in a bungalow on the grounds of Gardner School in December, 1970. The Center is open from 6:30 a.m. to 6:30 p.m., Monday through Friday, and it serves 55 to 60 children between the ages of 2 through 12.

The primary source of funds during fiscal 1971-72 was a contract for 50 children, with seed money provided by Model Cities and a 3:1 federal matching grant, administered by the Department of Social Services. Per diem reimbursement was at the rate of $8 per child per day.

For the coming year, the Health and Social Services Task Force has again recommended an allocation of seed money for 50 children at this site.

1. POPULATION AND ELIGIBILITY

Children from two to sixteen years of age are considered eligible, although no children beyond elementary school age are in fact served. It is not required that the children be toilet trained. Model neighborhood residency is required for 50 slots; the remaining children may or may not be MNR's so long as they conform to welfare guidelines as former, present or potential recipients. Priority is given to children who need day care because parents are working or in training, and children will be accepted when their parents are at home only if there are special needs. The Center always operates at capacity and generally has a waiting list of eligible applicants. There has been relatively little turnover.

Demographic data secured from the parent questionnaires shows that: nearly all are MNR's; two/thirds of the families are intact; all but two of the mothers are employed or in training; half of the families have an annual income under $5, 000; and virtually all of the children are Mexican-American. Care is generally provided for all of the children in a family who need care; and preschoolers outnumber extended day care children by a small margin. Sixteen of 22 responding mothers stated that they were able to work or participate in training programs specifically because their children were cared for. There is no doubt that a Center is needed in this location and that this Center is serving the population it was funded to serve.

2. ENVIRONMENTAL STANDARDS

a. Location

The Center is well-located for service to the Gardner area. Half of the families live within 5 blocks of the center, and, of the remainder, only 2 stated that transportation was a problem. Further, school age children attending Gardner school may reach the Center simply by crossing the playground.

b. Safety and Sanitation

While the bungalow is new and quite attractive on the inside, there are extremely serious problems relating to the facility and playground for preschoolers, and housing for the EDC program is non-existent.

Deficiencies noted were as follows:

(1) Building deficiencies:

- Ventilation is poor, with tiny, louvered windows which fall far short of the required 1/3 of the total floor space.
- There is only one exit from each of the playrooms, posing a possible fire hazard
- There is no hot water; there is no utility room; water for drinking, washing dishes, mixing paints and all other uses must come from the children's bathrooms
- There is a shortage of storage and, at times, food has been stored in the hall and bathrooms, in gross violation of public health standards
- Children's toilets are sufficient in quantity for only 44 children (though they are child-sized), and there is no adult bathroom in the bungalow

(2) Playground problems (as stated in the September Monitoring Report):

> "The playground is the source of greatest concern, since there is no adjoining fenced area suitable for the varied active play which constitutes a vital part of the program -- the small fenced portion behind the building is too small for this purpose and the fenced, equipped, tanbark-covered playground is at some distance and requires that the children cross a section of asphalt playground which is used by school children of all ages for active play and which has many broken and uneven sections. Attention is focussed on this matter at this time because of the high incidence of accidents reported by the Center during the recent past."

The on-site observer summarized the problem in the following words:

> "The outdoor facility at Los Pequenitos creates insoluble control and supervision problems for

> staff and is a safety threat for the younger children. There is no fenced, appropriately equipped area which is accessible to the children... Parents cited instances of children leaving the grounds because of the inadequate fencing and many of the teachers commented on the difficulties deriving from lack of a suitable playground."

(3) EDC Program

At the time of the first monitoring visit in July, the EDC program was being temporarily housed in a school room, available because the Gardner School was not in use during the summer. It was already known that this room would not be available when school started. The school-age children have been "accomodated" be being kept on the playground, taken on field trips, or crowded into corners of the preschoolers' rooms. There has been no separate, clearly defined space for the older children for a period of seven months.*

All of these issues have been raised and re-iterated in every single monthly monitoring report. All of these issues have been raised by parents and staff. All of these problems were identified by the on-site observer. But, with the exception of improved maintenance and the recent removal of food from halls and bathrooms, NONE OF THE BASIC PROBLEMS HAVE BEEN SOLVED.

Some things have occured: the administration has acknowledged the reality of the problems: they have negotiated with the school administration and city in relation to ensuring that the present space could be retained (and possibly expanded) and to secure permission to fence an area adjoining the child care bungalow; they have contacted contractors, made plans, and sought funds.* But the fact remains that, after nine months, none of the essential environmental problems have been solved.

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* While many parents of school age children deplored this situation, others were even more concerned that the EDC program might be discontinued, leaving them without care of any type.

Responsibility for this failure to deal with basic issues affecting the safety of the children rests with three agencies:

(1) The Administration of the Foundation, for failing to make environmental safety a top priority in expending funds

(2) The DSS, as administering agency, for failing to set a specific deadline for remedying the identified problems

(3) The SDSW, which granted a license with the above serious deficiencies permitted as exceptions

3. PARENT INVOLVEMENT

This Center has had a functioning Parent Advisory Committee (PAC) and a high degree of parent interest and involvement from the beginning. Early monitoring reports called attention to the fact that a clear delineation of the responsibilities of the PAC was needed if the PAC was to play a maximally-productive role. At the time of the disputes between the parents and the administration, the Foundation Director did send a letter to all parents apprising them of the role of a PAC as described in the FIDCR, and the PAC's role in relation to employing a Director was defined. Since that time, a size-able number of parents have participated in parent meetings and have had an opportunity to be involved in decisions about the educational orientation of the Center. And the administration's relations with parents is greatly improved. Nonetheless, it should be noted that the PAC is advisory to the Center, not to the Foundation, and the ultimate decision-making authority resides with the Foundation. Some means of ensuring parent input at the Foundation Board level should be adopted; and a statement of the PAC's role and responsibilities still needs to be developed in writing.

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* Special funds have recently been secured for building and playground improvement, and it does appear that corrective action will be taken in the near future. This does not, however, alter our observations about the period covered by the evaluation.

At the time of initial parent interviews, approximately half of the parents described themselves as "involved" with the Center. By the time of the follow-up interviews, more than two-thirds said they were "involved", and the balance said they would like to be. This is perhaps the most committed group of parents, with involvement varying from painting cupboards to serving on the PAC.

The primary concern in the area of home-center communication (expressed in both the initial interviews and the follow-up interviews) was, and is, the lack of regular information about the progress their children are making. Attention should be given to providing regular, systematically-communicated information about how the children are doing.

4. STAFF

The staff-to-pupil ratio has been consistently maintained at approximately the level required by the Federal Interagency Day Care Requirement. Nonetheless, several parents, in both the initial interviews and the follow-up interviews, expressed concern about insufficient supervision of the children, citing instances when children were lost, or outside the fence, or unattended at pick-up time. Since most of the parents judged that there was sufficient staff, and our own observations confirmed this, the problems with supervision which have been cited seem to be related to the difficulties of management in a setting without adequate fencing, rather than an insufficiency of staff. Attention should also be given to making sure that staff schedules provide for adequate coverage in the early morning and late afternoon as well as during heavy attentance periods.

Generally speaking, the staff is young, warm, and supportive of the children. In the parent interviews, there were many comments indicating that the teachers were kind and worked well with the children. And the on-site observer noted that "They work together in a most cooperative manner. They also have helped to create a center which, in the most natural manner, is consistently supportive of the ethnic heritage of the majority of the children." On the other hand, several parents, both "before" and "after", specifically commented on the inexperience and youth of the staff. Analysis of the staff questionnaires shows that approximately half of the staff has little or no special education in child development and more than half have no prior experience in child care.

Development of an excellent training program which will enable these young teachers to achieve their full potential is essential. The Foundation encourages staff members to attend college but offers no tangible assistance in the form of paid time off, books or tuition. Several programs have been tried: during the summer, all staff attended a once-a-week evening class at DeAnza;

and, for abrief period, the Training Officer conducted classes on Montessori methods. Most staff members stated, however, that they had received no in-service training; and many commented that they would like a good training program, particularly one for which they could receive college credits. The training plan favored by the Evaluator is described in the section on training. The possibility of maintaining a higher ratio of teachers to aides should also be explored. *

Earlier concerns expressed by staff about the lack of communication with the administration seem to have been resolved by the new Director: he's holding regular staff meetings and the rapport at the Center appears to be good.

Most staff members rated their salaries as moderately good and the benefits as very good. Personnel policies have been written and distributed to staff members.

Initial concern over the number of model neighborhood residents seems to have been largely solved by regularly-employed staff members moving into the MNA. By February, 8 of 10 staff members were MNR's.

5. EDUCATIONAL SERVICES

In the November Monthly Monitoring Report, the observer described the program as very positive, but cited certain limitations. Some brief abstracts follow: "There is an extremely good tone at the Center... The program runs smoothly and easily with one major exception. The needs of the children in EDC

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* One teacher or "head teacher" for every two aides or "teacher assistants" is recommended.

are not capable of being met in the existing facility...(The preschool) program would benefit from having more quality materials available on a self-help and self-pacing basis...an adequate outdoor facility (must be) developed...and staff needs a training program to increase their skill in using child development principles...What is being suggested is not so much a change in the program of the center but rather an enriching of the curriculum." Detailed recommendations bearing on each of these items were brought to the attention of the Project Coordinator, but, unfortunately, the Center was between Directors so the chance for contributing feedback in such a way as to have an impact on program was greatly reduced. As a result, the February observer's report stated: "...none of the prior recommendations have completely been implemented and the needs of the Center are still most visible...the EDC program remains a stepchild...The need for a carefully developed and implemented in-service program is even more clearly indicated now. There is developing an increasing regimentation of children...Children were kept sitting for forty minutes in one activity that was of little interest to them and had questionable value. A child was seen being punished by being sat in a corner...There were increasing instances of grouped activities and the 4's program particularly is in need of a richer, more individualized curriculum...The outdoor facility remains a major obstacle... Conclusion: Los Pequenitos has an admirable sense of community, strong parental support and committed staff. With the implementation of the previous report's recommendations, it can become an outstanding center. Without attention to them, there is serious concern."

As shown earlier, parents also continued to express concern about the yard, the building and the EDC program in the follow-up interviews. They were not as critical about the educational program, generally rating it pretty good and indicating that their children had made positive gains.

It would appear that the increase in structure is being satisfactorily received by the parents (and may even be a result of their input), but the question must be raised as to whether structure without adequate content is truly productive of learning. An educational consultant, to work with the parents as well as with the staff in developing curriculum, would seem to be indicated.

6. HEALTH AND NUTRITION

a. Health

In the initial interviews, parents agreed that there were no regular check-ups and no help available in relation to health care. Four months later, in follow-up interviews, all but one of the parents were aware of a functioning health program. This program has been instituted by the new Director, in cooperation with the Santa Clara Health Dept. and the 4-C's health component, and consists of the following: a program of instruction in personal hygiene (including washing hands before meals, brushing teeth after meals, etc), medical and dental diagnostic examinations and innoculations for all preschool children provided by the Santa Clara Health Dept., Iron shots for those children diagnosed as anemic (again provided by the Health Department), up-dating of records and hearing tests by the PHN assigned to this Center by 4-C's, and plans to have one teacher spend half of her time serving as a health aide. This represents a significant improvement in the health care component.

b. Nutrition

Breakfast and lunch are provided by the schools at a cost of 65¢ per day per child. During the summer, food was brought in from a junior high school some distance away, and there were many complaints that it was cold and tasteless when it arrived. During the regular school year, the food comes from the Gardner cafeteria, next door to the child care center, and was judged to be more adequate. There were, however, criticisms directed toward the snacks, frequently left-overs or packaged cookies. Since the snacks are purchased by the child care program, the most immediate and effective way of upgrading the total food program would be to place heavy emphasis on providing maximally nutritious snacks--such as fruits, vegetables and cheeses. Preparation of food on-site is impossible, due to the lack of a kitchen, and special care must be taken even in connection with the preparation of snacks. Bottled water should also be provided since the only present indoor source of drinking water is the bathroom sink.

7. SOCIAL SERVICES

Three-fourths of the parents in both the "before" and "after" interviews stated that there was no social service program that they were aware of. While the Center or administrative staff may have attempted intervention or referral in some problem situations, there is no social service program as such and there has been no change in this area from the beginning to the end of the evaluation period.

8. ADMINISTRATION AND COORDINATION

The delegate agency is the Foundation for Research and Community Development, a private, non-profit corporation. The Foundation is engaged in a number of training and employment projects as well as operating three Los Pequenitos Centers (one infant center and two child care centers). Its programs and services are primarily oriented to serving the Mexican-American community.

Structurally, the Foundation is governed by a Board of Directors, comprised of business and professional men. Its central administrative staff consists of a Director, a Fiscal Officer for all Foundation projects, and a Project Coordinator for each group of projects. The Project Coordinator for the Los Pequenitos Centers has the main administrative responsibility for the three Centers, and the Center Directors are accountable to him for all fiscal and programmatic matters.

In particular, the Foundation controls all expenditures, handles the payroll, billing and other bookkeeping functions, sets staff salaries, and has ultimate authority in relation to staff employment and promotions, purchasing, field trips and other special functions. The Center Director's administrative responsibilities include recruitment and intake of new enrollees, maintanence of pupil records, all purchasing under $100, and program management. The Center Director also has responsibility for supervising Center staff.

The present Foundation Director joined the staff in August, 1971, and the Project Coordinator has served in this capacity since September, 1971.

During the period of the evaluation study, there have been three different Directors at Los Pequenitos-Gardner. The initial Director resigned in August, responding to a combination of parent grievances and what she felt to be a lack of support from the Foundation.

She was replaced by an Acting Director--a young Anglo woman with experience in the Montessori method. Since the staff questionnaires were being circulated at about this time, we got a clear picture of their reactions: in particular, staff complained that the program was being run chaotically, that no staff meetings were held, that the Acting Director "didn't care what was going on" in relation to the children, and that they felt very insecure in their jobs (in fact, two staff members were fired at this time, and others were placed on probation). Parent complaints were expressed to the Evaluator as well as to the Foundation staff, the Foundation Board, the Model Cities Sub-committee on Child Care and the DSS Evaluation monitor. Essentially, the parents resented the fact that they had not been consulted in either the hiring of the Director or the firing of staff; they were unhappy that their children were being tested and that the Montessori method was being introduced without their having been consulted; and they felt strongly that the administration was not responsive to their concerns.

While much heat was generated between the Foundation staff and the PAC in the course of these discussions, it is to the credit of both the parents and the Foundation that they continued to meet together to attempt to work out a satisfactory solution.

Since the Director's position had been filled on only an "acting" basis, it was possible to work out a recruitment and hiring procedure which would include parent representatives and representatives from Model Cities, as well as members of the Foundation Board. Further, the staff members who were fired were given an opportunity for hearings before the Foundation Board. Had these procedures been instituted before the Acting Director was hired and the staff members fired, considerable turmoil might have been averted. But the fact that these procedures did become available at all was what saved the program.

When the Acting Director resigned, the newly-adopted recruitment and hiring procedure was instituted and the present Director was employed with the agreement and support of the parents. - The new Director, a male, is from Mexico and he speaks very little English. This has not, however, hampered his communication with parents and staff. His training has been primarily in the field of medicine, though he studied child development for one year at the Pan-American College in Columbia. In the follow-up parent interviews, all responding parents commented favorably on the new Director; the only concerns expressed were that he did not have sufficient authority to make needed improvements and that he was too often required to be at meetings away from the Center. The observer felt that consultation in relation to curriculum was also required to compensate for the Director's limited training and experience in this specific area.

One of the staff members who was removed was the Center secretary. While it is possible that there is insufficient paper work at the Center level to require a secretary, there is still a concern in relation to the number of times that teachers are being drawn away from their duties to answer the telephone. This matter requires attention, possibly through arranging a telephone switch-over to the Foundation offices, where receptionists and secretaries are employed.

The degree of centralization of administrative functions also requires some examination: first, from the standpoint of administrative costs; and secondly, from the standpoint of efficiency.

In connection with the issue of cost, it will be noted that monetary support of the central administration amounts to 25% of the total Center budget. This covers a one-third share of the salaries of the Project Coordinator and "Training Officer", lesser contributions to the salaries of the over-all Foundation Director and fiscal officer, and a portion of the rent, utilities, and other overhead costs of the central offices. This amounts to $2 per day per child. This is a disproportionate share for administrative costs and has seriously interfered with the delivery of needed services and improvements at the Gardner Center.

In terms of efficiency, it has been difficult to see what special functions are performed by the Project Coordinator--frequently, he and the Center Director duplicate efforts by attending the same meetings and concerning themselves with the same issues. Certainly, the failure to correct environmental deficiencies identified earlier does not attest to administrative efficiency.

As for the "Training Officier", his role in training was limited to a few sessions with the teachers (rated "unproductive" by the teachers), and he has since been engaged in writing grant proposals. The justification for these expenditures has been that proposals had to be submitted in order to ensure the future funding of existing programs and to make expansion possible and that expansion would decrease the share which each project would need to contribute to the whole. While there is some validity to this rationale, the budgets of child care centers are simply not adequate to allow for the cost of supporting an expert in "grantsmanship". The special function of generating child care funds logically belongs to the 4-C's organization which was separately funded to undertake this precise role. Both the Foundation Director and the Evaluator feel that it is essential for 4-C's to begin to take on this responsibility.

PROBLEM SUMMARY
LOS PEQUENITOS

Initial Problem	Identified by				Outcome
	Monitor	Parent	Staff	Observer	
Poor ventilation	X	X	X	X	No change
No hot water or utility room	X	X	X	X	No change
Only one exit from each room	X	X	X		No change
Shortage of storage space	X		X	X	No change
Poor maintenance	X	X	X		Improved
Playground unsafe (unfenced, poor surface)	X	X	X	X	No change
No EDC facility	X	X	X	X	No change
Adm. turnover and problems	X	X	X	X	Improved
Adm.-staff conflicts	X	X	X	X	Improved
Adm. unresponsive to parents		X			Improved
Teachers young and inexperienced		X			No change
Inadequate staff training	X		X	X	Negative change
Insufficient supervision for children		X		X	No change
Parents not kept informed		X			No change
No secretary	X			X	No change
Need more equipment			X	X	Improved
Inadequate intake	X	X		X	No change
No social services	X	X	X		No change
No health care	X	X	X		Improved
Food too starchy/cold		X	X		Somewhat improved

RECOMMENDATIONS

Mandatory

Secure adequate facility for the Extended Day Care Program

Develop a safe, fenced playground adjacent to the existing facility

Provide needed windows and doors

Increase number of toilets; add hot water and bottled drinking water; improve storage arrangements

Adjust central administrative costs to a reasonable level

First Priority

Provide in-depth training program for staff

Upgrade the educational curriculum; secure technical assistance in this area

Provide regular, systematic communication with parents about their children's progress

Adjust staff schedules to provide adequate coverage at the times when children are brought in and picked up

Upgrade snacks

Second Priority

Investigate possibility of maintaining a higher ratio of teachers to aides

Develop written statement of PAC role and responsibilities and provide for parent input at the decision-making level (ie, the Foundation Board)

Develop a social services component

D. ST. MARK FAMILY DAY CARE PROJECT

PROGRAM SUMMARY

Starting Dates: Adm. :Sept. , 1971
Service: Nov. , 1971

Name of Project: St. Mark Family Day Care Project

Location: Administrative Offices at 1396 East Santa Clara
Services provided in homes throughout the MN

Auspices: Private, non-profit (PAC, when incorporated, will become the operating agency)

Hours: Varies from home to home

Capacity: 50

Population served:

Eligibility: MNR's, infancy through age 12

Enrollment:

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Total					25	48	48	40
MNR					25	44	44	40

Staff:

Numbers:

		July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Administrative Staff	Total			3	5	6	6	6	6
	MNR			1	3	4	4	4	4
Providers	Total					10	23	23	19
	MNR					10	23	23	19

Ethnic Composition: (total staff): 80% Mexican-American; 5% Black; 15% Anglo and "other"

Extent of compliance with Federal Interagency Requirements

Requirement	In compliance at outset?	In compliance now?
Licensed	No	16 Pending
Adult-to-child ratio	Yes	Yes
Safety and sanitation	Generally, yes	Generally, yes
Educational services	No	No
Social Services	Partially	Partially
Health	No	Yes
Nutrition	Yes	Yes, but needs improvements
Staff training	Yes, pre-service	No, in-service
Parent involvement	No	Yes

ST. MARK FAMILY DAY CARE PROJECT

The St. Mark Family Day Care Project was designed to provide child care in private homes throughout the Model Neighborhood. It extends the concept of licensed family day care by creating a unified home care system, comprised of a central agency and multiple home programs. Individual caretakers (or Providers) become employees of the central agency and the agency provides them with: assistance in the licensing process, training, insurance, equipment and food supplies, recruitment and placement of children, on-going supervision, and assistance. The basic objectives of this system of care are: to provide a flexible alternative and/or supplement to Center care; to increase the number of licensed homes in the Model Neighborhood; and to up-grade the quality of in-home care.

Home care has the following special features: Hours can be flexibly adapted to the needs of the families being served, since children are cared for in either the Provider's or child's home, and no regular schedule of opening and closing must be observed; children of all ages, including infants, can be served: and wide geographic dispersal is possible.

The St. Mark Family Day Care program became operational in November, 1971. Like other Federally-funded centers, this program must conform to the Federal Interagency Day Care Requirements.

Funding

The St. Mark Family Day Care project was funded for 50 children, with seed money provided by Model Cities and matched by a 3:1 federal grant, administered by the Department of Social Services. The original plan was to provide per diem reimbursement for all children enrolled at the same $8/day rate that was provided for children in Center care. However, because children could not be recruited and served until the central administrative staff was employed and Providers were recruited and trained, the program could not become operational until start-up funds were made available.

A new contract was therefore drawn in September, 1971, geared to overall planning, recruitment and training, rather than per diem reimbursement for children served, and provision was made for the release of start-up funds. This made it possible to employ an administrative staff in September, recruit and train Providers in October, and begin to serve children in November.

The new contract was for the originally-budgeted amount, but dispersal of funds was not tied to the numbers served. The budget covers the cost of administering the program (including a six member central administrative staff and all overhead) and provides for direct payment to the Providers. Although the Providers are considered employees of the project, they are reimbursed in accordance with the number of children they serve, rather than being paid on a straight salary basis. Reimbursement of the Provider is related to the age of the child, rather than the period of time. Rates are $5/day for an infant,

$4/day for a preschool child and $3/day for school age children.

The Model Cities Health and Social Service task force has recommended that the St. Mark program be re-funded for 60 children during the coming fiscal year.

1. POPULATION AND ELIGIBILITY

Children of all ages are eligible for service, provided that their families are MNRs. No criteria have been established, except for residency and a need for care. The latter has been generally interpreted to mean "working, training or attending school," although children would also be accepted from families where the mother is at home, if there were special needs.

Because the program was not operational until November, it was impossible to do a before and after parent study. Instead, all parents who participated in the program at any time between December and February were interviewed. Altogether, 33 parents participated during that time. Of these, 20 were still in the program in February, and thirteen had terminated.

Eleven "terminated" families were interviewed. Of these, three had been terminated because they were not MNRs, three dropped out because they were no longer working or attending school, and four left because of mis-match problems. In addition, there were seven re-matches during February, and the observer judged three out of five placements as "mis-matches". This is a very high rate of terminations, re-matches and mis-matches; it is apparent that the screening and matching procedures need to be improved.

Sixteen of the twenty "continuing" families were interviewed. Of these, eight were working, two were in training and the remainder were in school. Children being served included: 24 infants (age 2 and under), seven preschoolers, six kindergarten children and nine school-age children. With a total of forty-five children from twenty families, it is obvious that most families have more than one child enrolled.

Three-fourths of the "continuing" respondents stated that they were able to work or attend school specifically because their children were enrolled in this program. Also, most families expressed a preference for in-home care (only four said they would prefer a Center). It is apparent, therefore, that this program is both needed and wanted by the families it now serves. It is also apparent that families with infants are especially prone to use this form of care.

2. ENVIRONMENTAL STANDARDS

a. Location

In February, seventeen Providers were serving children in homes dispersed throughout the MNA, as follows:

5 in Tropicana

9 in Mayfair

2 in Olinder

1 in Gardner

While these homes are not as evenly distributed as might be desired, all but two of the present enrollees state that transportation is not a problem.

It should also be noted that there are four additional providers, known as Certified Baby Sitters, who go to the children's home to care for them. These women, of course, are able to provide service anywhere within the MNA.

b. Safety and Sanitation

Since care generally takes place in the Provider's home, standards of safety and sanitation have to be determined for each home, based on the home study which is part of the licensing process. None of the homes (except those which were already licensed when they entered the program) have as yet been licensed, although the procedure has been started by the community aide. Ten out of fourteen responding user parents rated the homes where their children were cared for as "very clean" and the remaining four said they were "pretty clean". The on-site observer stated that the five homes she visited were all in good condition and ranged from "immaculate to clean but messy"; she was concerned only with the safety of one yard, which was unfenced, cluttered with debris and unusable by the children. With this one exception, safety and cleanliness do not seem to pose any problems in the homes being used. The St. Mark staff has provided basic equipment, such as cribs, to the homes for use in caring for the children; many mothers and Providers commented favorably on this provision.

3. PARENT INVOLVEMENT

User participation on the PAC is discussed under Administration. All parents reported that they were regularly informed about their child's progress, in contrast to the inadequate communication reported by Center parents. This seems to be a particularly strong point in home care.

4. STAFF

Since administrative staff will be discussed under the section on Administration, this section will deal exclusively with Providers (including those who care for children in their homes and the Certified Baby Sitters).

Adult-to-child ratios are established by the FIDCR and have been consistently observed in the placement of children. Several Providers have, in fact, indicated that they can, and would like to, serve more children.

Data from the Provider questionnaire responses shows that: Three of the Providers were already licensed and all of the others have had experience in caring for children (either in their own homes or the child's); ages range from 22 to 65; educational backgrounds range from no formal schooling through three years of college, with the majority having no more than an eighth grade education; three-fourths are Mexican-American; and the vast majority are living with their husbands and have children of their own.

Based on the comments contained within their questionnaires, it is evident that most of the Providers truly enjoy working with children. According to the on-site Observer, all but one of the five Providers she observed "were found to be warm and accepting of the children. They were nurturant and affectionate and seemed gunuinely concerned". She also noted, however, that "The level of understanding of child growth and development varied from Provider to Provider...(and) the level of functioning appears to be almost entirely dependent upon the personality of the Provider and the knowledge and skills that the Provider had already developed prior to the program's inception". Parent interviews also reveal a moderate level of satisfaction with Providers: four rated the Provider "very good"; eight "pretty good"; and only one continuing parent and one terminated parent rated the Provider "not so good". It appears that St. Mark has secured caretakers who are generally competent, but nothing in the selection or supervisory system guarantees a consistent level of excellence. To accomplish this would require a thorough screening process, effective in-service training,and intensive on-going supervision.

Most providers rated their salaries "fair" but an analysis of wages on an hourly basis showed that they ranged from 49¢ to $3.75 per hour, depending on the number and ages of children served. While reimbursement should relate to the number of children served, the present pay scale seems to be producing too large a discrepancy and would bear careful re-examination. Several Providers expressed concern about delays in receiving reimbursement; perhaps the present system of securing vouchers and doing the payroll could be streamlined.

5. EDUCATIONAL SERVICES

Based on direct on-site observation of five Providers, the Observer concluded that "The educational program was found wanting in all the homes. None of the homes had adequate toys for the children to use" This was confirmed by the user parents, most of whom rated the educational program "pretty good" or "not so good". Again, the need for in-service training is evident. Securing and providing adequate toys --the tools of learning--should also be a top priority. This might be handled on a toy lending library basis, so that materials can be rotated and adapted to the ages of the children being served at any given moment. Consultation from a child development expert in the selection of appropriate toys and learning materials would be most helpful.

6. HEALTH AND NUTRITION

a. Health

A health aide has participated in the program from the outset. Her activities include: maintaining the children's medical records; arranging for physical examinations and immunization; and checking up on children who are ill. She also sees that the Providers have adequate first aid supplies. Since nearly half of her time is currently spent in travel, and her visits to Providers and users duplicate those of the Community Aide, the Evaluator is proposing that both of these jobs be re-structured so that each has responsibility for only half of the total number of Providers, handling both health and supervisory functions. If this plan were followed, both would need to participate in the training program for health aides and be supervised by the PHN associated with the 4-C's.

b. Nutrition

As originally planned, the St. Mark administrative staff was to provide food to the Provider homes as follows: bulk purchases of canned and staple goods would be made and a warehouseman-driver would deliver these to the individual homes. This plan did not allow for the provision of fresh fruits, vegetables, meat or milk; and the savings incurred by bulk purchasing were expended in gas and salary for the driver. Home delivery of milk and dairy products has recently been arranged, but this still does not meet the need for other fresh produce. Many of the Providers expressed a desire for fresh foods; and several mothers stated that the foods were too starchy. Other user mothers said they were supplying their own food. A simpler method, and one which would offer much improved nutritional value, would be to allot a per diem cost for food and pay this amount directly to the Provider. Nutritional education and adequate supervision would be needed to be sure that good food was furnished to the children, but this is true for the present approach as well. Should this approach to the provision of food be adopted, it would be difficult to justify the continued employment of a warehouseman-driver to service a program of this size.

7. SOCIAL SERVICES

A social service consultant has been employed by the program on a part-time basis but her job was never clearly spelled out and her effectiveness was thereby reduced. When problems have arisen, they have generally been dealt with by the community aide or the Director, or they have been referred to a worker at DSS. A suggestion that the social service consultant serve as "matchmaker" is included in the re-organization proposal.

8. ADMINISTRATION AND COORDINATION

The project, when originally funded, was nominally operated by St. Mark Community. Since there did not prove to be a functioning Board, it became the responsibility of the Director to convene a PAC which could move in the direction of becoming the operating agency for the St. Mark Day Care Project. A strong PAC has been formed, comprised of Providers, users, and a number of highly qualified professional persons. This PAC has been functioning very effectively in recent months, and this has proved to be one of the great strengths of the program. However the PAC is not yet incorporated and cannot serve as the fiscal operating agency. Another group is therefore being asked to undertake to serve in this capacity for the coming contract year.

The administrative staff of the St. Mark Project is comprised of a Director, a community aide, a half-time health aide, a social work consultant, a secretary, and a part-time driver-warehouseman.

The Director has full administrative responsibility for all aspects of the program, and, until the PAC became fully operational in January, she had to make many of the policy decisions as well. Given the experimental and innovative nature of this program, the Director has had an extremely difficult task. In many crucial instances, necessary planning did not take place, to the detriment of the program. In particular, criteria for selection of Providers were never fully developed; job responsibilities were not clearly established; policies and procedures were not written; and the essentially unilateral decision-making process was a source of confusion and conflict. Director-staff relations deteriorated seriously in the last few months, and most of the staff questionnaires expressed concern about administrative effectiveness, lack of supervision, and intra-staff relations. The Director will be leaving her post effective March 31. If effective technical assistance had been available, many of the problems might have been anticipated and avoided.

The community aide position proved to be a most pivotal one--with responsibility for recruiting, matching and supervising all the provider-user combinations. This was an extremely heavy workload and meant that some of these vital processes had to be rushed and/or neglected. The division of labor between the community aide and health aide also seemed less than efficient, since the health aide was calling on all of the same users and providers and there was frequent duplication of effort. At the end of this report, there is a recommendation for re-structuring these positions so that both of these staff people will function as community-health aides, both having responsibility for diverse functions including health, and each relating to only half of the Provider-user caseload.

The roles of the social work consultant and warehouseman driver are discussed under Social Services and Nutrition, respectively.

All together, the administrative staff has succeeded in getting the program operational and has planned and implemented a pre-service training course which Providers found very useful, but it has thus far failed to adequately fulfill the functions needed to ensure the delivery of quality care; i. e., effective screening, matchmaking and supervision of Providers.

With regard to administration, brief mention must also be made of the fiscal management system. During this first contract year, fiscal management was handled by a college student, under the supervision of the DSS. This method failed to provide the programmatic cost-accounting that would have been most productive for the St. Mark Project and has produced other problems as well. St. Mark is now seeking a CPA to add to its staff.

9. SUMMARY OF PROBLEMS

a. The majority of the central administrative staff is dissatisfied with the lack of definition of their roles and with the project's overall management.

b. The existing processes for selecting, training and supervising providers are not adequate to ensure quality care (while the basic care provided is satisfactory in most of the homes, there are no criteria or procedures for screening out unsuitable providers, not is their sufficient on-going training and supervision to up-grade the quality of care offered, particularly in relation to the educational component).

c. There is a general lack of toys and other educational equipment.

d. Insufficient guidelines and procedures have been established for the matching of providers and users, resulting in a disproportionate number of mis-matches, re-matches and terminations.

e. The system of pay to providers has resulted in a variety of inequities. This derives from the fact that payment is based on the numbers of children but is not adjusted in terms of hours. Further, the method of collecting vouchers and computing the payroll could perphaps be streamlined so that the time of the community aide can be spent on more in-depth observation and supervision of the important program elements.

10. RECOMMENDATIONS*

While it is recognized that many of the foregoing problems are a result of the day-to-day pressures which have characterized the project during its start-up phase, the future success of the project would seem to depend upon instituting corrective measures as soon as possible. The following is an attempt to formulate a direction which might be productive in solving the existing problems and projecting a framework for future program development.

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*Reproduced from February Monitoring Report.

A. The first step would be to analyze the program needs. Thus, primary program needs might be identified as follows:

1. Consolidate the present program, through:
    - (a) Formulating criteria for judging adequacy of providers (this could be based on the on-site observation form developed by the evaluators and should include physical and emotional fitness, personality characteristics, willingness to accept supervision and training, etc.)
    - (b) Visiting and observing each of the providers in order to assess her potential for offering quality care and to determine any special needs which she might have in order to achieve her potential
    - (c) Removing any providers from the program who are found to lack the potential for providing quality care
    - (d) Visiting each of the current users to determine if they are satisfied with the care being received, to make any necessary adjustments in placement, to determine what additional services (e.g., health, social services, etc.) are needed and to make arrangements for such services.
    - (e) Developing systematic programs to help providers with special needs--for training, for equipment, for supervision
    - (f) Developing a uniform and equitable policy for reimbursement and a method of securing and paying vouchers which requires less running around on the part of the staff
    - (g) Up-grade the nutritional component, possibly by per diem food reimbursement, together with education in nutrition and monitoring of meals served.

2. Plan for subsequent program activities, through:
    - (a) Developing clear guidlines for selection of providers*

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*A draft of possible criteria was developed in January but this was considered insufficient by the evaluator.

Guidelines for selecting Providers should include:

- Geographic location (including Model Neighborhood residency)
- Number and ages of children who can be served
- Previous experience with children
- Physical fitness
- Emotional stability
- Personality characteristics such as warmth, patience, flexibility, responsiveness to children, ability to communicate with parents
- Willingness to participate in training programs
- Adequacy of home (if care is to be provided in her home)
- Income and need for employment
- Willingness to make a long-range commitment to program

(b) Recruiting and screening providers in light of the above.

(c) Developing clear guidelines for matching prociders with user parents, including:

- Location and/or transportation factors
- Similarity in child-rearing goals and practices
- Age-grouping of children in provider's home
- Special needs of child and provider's ability to deal with these needs
- Personality factors
- Language of child and provider
- Keeping family units intact
- Housekeeping styles (e.g., emphasis on cleanliness)
- Etc.

(d) Recruiting user parents and accomplishing the match. This should include (a) a personal interview with the potential user, of sufficient length and depth to be sure of her needs and those of her children, (b) bringing the user and provider together for a joint discussion and exploration of mutual attitudes to be as sure as possible that the match will work before making the assignment, (c) repeating step (b) until the right Provider-user combination is found, and then (d) making a provisional match.

This is the most crucial part of the entire process and adequate time must be allowed. If the need is pressing, it would be preferable to work out an interim arrangement with a Certified Baby Sitter and arrange the actual match when time is available to complete the matching process adequately. Hasty matches on the basis of phone contacts alone are extremely hazardous.

(e) At the outset, check back frequently with both the user and provider to assure that the match is successful or to offer alternatives if it is not

(f) Once the match is settled to the mutual satisfaction of provider and user, supervision of the Provider should be undertaken on a regular, but less frequent, basis. On-going assistance, in the form of materials, training, and other help, should be made available.

(g) Make periodic, regular contact with user families. Develop a system for referral or other appropriate measures as soon as problems are identified.

3. Carry out other administrative responsibilities, including:

(a) Working with the Board in the development of all policies, matters of incorporation, etc.

(b) Developing and implementing all record-keeping systems necessary to the smooth operation of the program.

(c) Management of fiscal matters, such as record-keeping, payroll, petty cash, reports to DSS, etc.

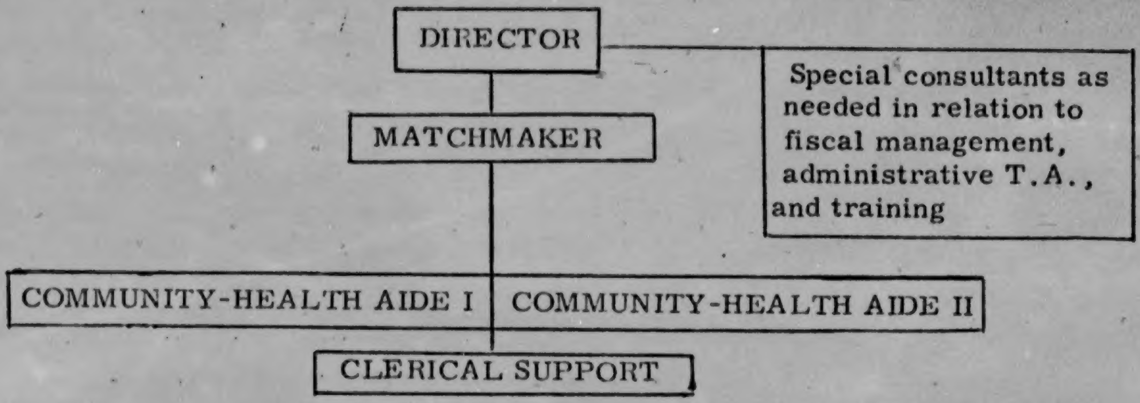
(d) Supervision of administrative staff.

(e) Community contacts (e. g., participation in 4-C's, program publicity, etc.).

These administrative functions are interrelated with the program activities and will need to be carried on concurrently.

B. Re-structure the staff and staff responsibilities to ensure that the essential purpose and administrative function can all be fulfilled.

A possible organizational structure to accomplish these functions might be as follows:


DIRECTOR
Special consultants as needed in relation to fiscal management, administrative T.A., and training
MATCHMAKER
COMMUNITY-HEALTH AIDE I
COMMUNITY-HEALTH AIDE II
CLERICAL SUPPORT

Until the program is fully and smoothly operational (i. e., until the present program is consolidated, and most of the policies and procedures have been fully developed), there will probably need to be both a Director and a Matchmaker. Once the above has been accomplished and the incidence of turnover is reduced to a normal level, one person should be able to handle both the Director's job and that of the matchmaker.

Aides would have primary responsibility for on-going supervision and support services, with each carrying half the case-load and both qualified and trained in the area of health care. Two aides, working 3/4 time each, should be adequate for a program of 25-30 providers and 50-60 children.

One secretary should be sufficient to provide all the needed clerical support. A CPA, on a contract basis, will be needed to handle the fiscal matters. Adequate provision should be made for training personnel--both for administrative staff and for providers, especially in the area of educational programming.

The foregoing is only one of several possible approaches to improving the program and staffing pattern. Decisions about the actual course to be followed is clearly the responsibility of the St. Mark project, but it is essential that a definite plan of operation (including detailed policies, procedures and staff assignments to deal with the problem areas identified) be made and implemented without delay.

E. CASA

PROGRAM SUMMARY

Starting Date: Aug. 30, 1971
Terminated: Dec. 20, effective
Jan. 20, 1972

Name of Project: CASA Family-Child Center

Location: 777 Forestdale

Auspices: Community Administrative Services Agency, a private, non-profit corporation

Hours: 7:00 a.m. - 6:00 p.m.

Capacity: Never determined: Director requested license for 36
Evaluator estimated capacity at 25
Contract was for 50

Population served:
Eligibility: MNR, ages 2-16

Enrollment: (as reported by Director)

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Total			36	132	31 "regulars"	Funding		
MNR			36	132	31	Discontinued		

Staff: (as reported by Director)

	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.
Total			13	15	12	Funding		
MNR			13	15	12	Discontinued		

Extent of compliance with Federal Interagency Requirements

Requirement	In compliance at outset?	In compliance when discontinued?
Licensed	No	No
Adult-to-child ratio	Yes	No
Safety and sanitation	No	No
Educational services	Yes, to some extent	No
Social Services	No	No
Health	Yes, to some extent	Yes, to some extent
Nutrition	Yes	Yes
Staff training	Yes, pre-service	No, in-service
Parent involvement	No	Yes

CASA

The CASA program was conceived as a Family-Child Center, providing activities and education for children and their parents. Due to a lack of start-up funds, the program did not begin operating until August 30, 1971. It was housed in two small apartments, leased from the Melro Community Center. Hours of operation were from 7:00 a.m. to 6:00 p.m. weekdays.

Funding. The program was funded by Model Cities and a matching federal grant, administered by the Department of Social Services. The contract provided for 50 full-time slots. Funds were discontinued in December, effective January 20, 1972. The contract was terminated without cause.

1. POPULATION AND ELIGIBILITY

All MNR's, from age 2 through 16, were eligible for service. The parent questionnaire, completed for 2/3 of the 21 families enrolled in September, showed that: four mothers worked or attended school full-time, 5 worked or attended school part-time, and 9 were at home; two-thirds of the families were Mexican-American; approximately half were on welfare; and most of the families had several children enrolled. By late October, 132 children were enrolled (half full-time and half part-time) and the Center was almost literally bursting at the seams.

2. ENVIRONMENTAL STANDARDS

a. Location

The Center was extremely well located for the families it served, more than two-thirds living within 5 blocks.

b. Sanitation and Safety

The first Monitoring report in September indicated that "This is an older building, with wooden floors and wallboard walls--all in need of rehabilitation...Toilet facilities are the two bathrooms of the original apartments, (barely sufficient for 24 children)...Stairs leading to the upstairs offices are poorly maintained and there is no obstruction to prevent children from playing on them. Extra access to the outdoors is needed...The adjoining tot park, used by the Center as a playground, is nice but incompletely fenced (with no fence on the street side)." Both parents and staff rated cleanliness and sanitation poorer than at any other Center.

3. PARENT INVOLVEMENT

A number of parents participated in Monday and Wednesday morning arts and crafts classes and this was a nice feature of the program. A number of parents also served as volunters or paid staff. A small PAC was organized just before the program was discontinued and played an active role in focusing attention on problems of safety at the Center.

4. STAFF

Staff-to-pupil ratio was adequate during the first month and a half of operation but fell far short of the requirement as the enrollment soared. In early November, computational analysis showed a deficiency of 118 child-contact hours per week.

The staff was generally able but seriously handicapped by the physical dificiencies of the facility and inter-personal problems with the Director. 100% Model neighborhood residency and ethnic diversity of staff members were both positive elements.

Day-to-day supervision was handled by a head teacher, but, according to staff, she was seriously hampered by lack of authority.

Two positive features should be noted: (1) there was a tie-in with head start in the provision of a pre-service training program for staff; and (2) staff was allowed one paid hour a day for preparation and consultation with the head teacher.

5. EDUCATIONAL SERVICES

According to the on-site observer: "The observed program was negligible due to the physical facility, the over-enrollment of children and the staff resignations... staff efforts directed toward an educational program were severely limited by the above-mentioned problems." Parents, rating the program prior to the resignations, rated the educational program somewhat better, but there were still more "not so good" ratings than at any other Center.

6. HEALTH AND NUTRITION

a. Health

This was the only Center to employ a community aide to handle the completion of medical forms with the parents. There was also an arrangement whereby the head start nurse provided the vision and hearing screening.

b. Nutrition

Breakfast, lunch and two snacks, all prepared on-site, were served. The quantity and quality of all food, except the snacks, were generally well-rated by parents and the observer, although serving and cleanup were poorly handled.

7. SOCIAL SERVICES

The Community Aide assisted several families with emergency needs, distributing food and clothing. No other social services were provided by the program.

8. ADMINISTRATION

The operating agency is CASA, the Coordinating Administrative Services Agency, a non-profit corporation. The Director of the Center is also Executive Director and President of the Corporation, and his wife is on the Board.

More than half of the parents made critical comments about the Director's administrative handling of the Center. Staff were evenly divided between supporters and critics of the administration, but those who were critical felt strongly enough about their position to write a critical document, present it to the Model Cities Sub-committee on Child Care, and resign en masse.

9. FIDCR NON-COMPLIANCE

The following section, summarizing the areas of non-compliance, are quoted from the December Monitoring Report.

CASA
Areas of Non-Compliance with Federal Interagency Requirements

I. VIOLATION OF BASIC SAFETY REQUIREMENTS

II. VIOLATION OF PRESCRIBED STAFF: PUPIL RATIO

III. VIOLATION OF THE REQUIREMENT THAT THE CENTER BE LICENSED OR APPROVED AS MEETING THE LICENSING STANDARDS

I. Issues relating to safety

September

A. Safety hazards relating to the playground areas were identified in the September Monitoring Report as follows:

1. Lack of fencing on street side of tot lot

2. Backyard area unusable due to lack of:
    - Surfacing
    - Gates
    - Access from building
    - Screening of garbage area

B. Identified building deficiencies included:

Poor condition of floors and walls
Shortage of bathrooms (especially need for additional child-sized toilet)
Lack of obstruction at bottom of stairs (needed to prevent dangerous play on the steep, hard stairway)
Lack of rear exit

October

The only deficiencies cited above which had been corrected included carpeting and indoor painting

November

NO ADDITIONAL IMPROVEMENTS WERE MADE IN THE PLAYGROUND OR BUILDING TO INCREASE CHILD SAFETY

On-site observation verified the above safety hazards and additionally identified unprotected heaters as a safety hazard. The observer saw and reported a truck driving right onto the cement area where the children were at play (underscoring the critical need for a fence)

Analysis of parent questionnaires showed that parents rated safety and cleanliness at this center lower than at any other center. Three mothers stated that their children had left the playground and come home, due to the lack of a fence and/or the inadequacy of supervision.

II. Issues relating to staff:pupil ratio

August

Director stated that the Melro site would be used to serve 25 children

September

Director reported that 36 children were enrolled (with an ADA of 28)

October

Director reported an enrollment of 137 children, with 82 on a drop-in basis, staggered to fill 36 slots. Computational analysis revealed that staff was just barely sufficient to cover 36 slots for an average of 50 hours per week per slot, provided that the absentee rate was 20% and that half of the hours were filled by school age children. Detailed information on enrollment was requested to verify these computational assumptions.

November 7

Analysis of the detailed enrollment data supplied by the Center showed a deficit of 118 staff hours per week, when compared with the required staff: pupil ratio.

III. Issues related to license

October

The licensing worker from the State Department of Social Welfare and the fire marshall inspected the facility and stipulated that the following improvements were required before the center would qualify for a license:

1. A rear exit
2. Recharging and mounting fire extinguishers
3. Installation of a fire alarm system
4. Installation of adequate lighting

November

NONE of the above requirements were fulfilled. Therefore, the center was neither licensed nor approved as meeting the standards for such licensing.

Further, while a request has been made by the Director that the center be licensed for 36, NO NUMBER has been assigned by the SDSW and, most likely, will not be assigned until the square footage has been ascertained. Evaluator judged space to be adequate for approximately 26-29 and bathroom facilities adequate for only 24.

Added issues

Six staff members resigned in November, protesting the Director's method of operating the center.

The newly-elected chairman of the PAC presented a list of parents' complaints about the serious safety hazards to the Model Cities subcommittee on Child Care.

The Model Cities Task Force and Board recommended that the Center be closed, based on the above and the observations of Task Force members who visited the Center.

The foregoing section on "Areas of Non-Compliance with Federal Interagency Requirements" was quoted from the December Monitoring Report.

10. ANALYSIS

In analyzing the factors which contributed to the failure of the CASA Parent Child Center, causing it to be discontinued within three months of its opening, the following key issues emerge:

a. The operating agency lacked fiscal and administrative capability as follows:

(1) Lack of fiscal capability:

The Corporation had no financial resources of its own and no standing which would enable it to borrow funds from any bank or community lending institution. Thus, the program could not begin operating until start-up funds were provided by the Department of Social Services, and the program was continuously hampered by lack of monies for needed repairs.

(2) Lack of administrative capability:

There was no Board-Staff separation. The same person functioned as President of the Board, Executive Director of the corporation and Director of the Family-Child Center. This meant that there was, in fact, only one person responsible for the total program. When that person failed to perform satisfactorily, there was no recourse, except to discontinue funding the program.

b. The site utilized by the program lacked the physical capability for serving the 50 children specified in the contract. This occurred because:

(1) The contract was awarded before acceptable sites were secured. The initial plan was to provide two sites for a combined total of 50 children. One tiny site, with severe physical deficiencies, was obtained, but the second site could not be secured by this program, and no alternatives were explored.

(2) Utilization of the site was permitted before the site was licensed. Pending the outcome of the lengthy licensing process, the SDSW failed to take a stand about the adequacy of the facility or to specify the maximum number of children allowable at this site. This left a vacuum, during which the Director was not prohibited from enrolling as many children as he judged the facility could hold.

(3) The Department of Social Services, as administering agency, failed to exercise its prerogative to mandate physical improvements in accordance with specified deadlines, or to limit the number of children served.

c. The method of reimbursement utilized by the Department of Social Services tended to encourage over-enrollment, as follows:

(1) Programs were reimbursed, up to the contractual limit, on the basis of numbers of children in attendance. Such reimbursement was made without regard for the program's ability to adequately serve the number enrolled.

(2) Reimbursement was proportionate to the hours of attendance, with a premium paid for full-day participation (more than five hours), without regard for the family's or child's needs in this regard. Thus, many children were enrolled full-time at CASA despite the fact that their mothers were at home or working or attending school only part-time and that these mothers would have preferred to have their children enrolled for a briefer period.

As a result of these factors, an incredibly large number of children were permitted to be enrolled in a wholly unsatisfactory physical facility. This situation taxed the staff beyond endurance. This situation caused parents to rate all aspects of this program far below any of the other Center programs.

The situation was greatly complicated by the inter-personal relations of the Director with both his staff and his parent body. And, since there was no independent Board to which the staff and parents could take their grievances, the situation was insolvable.

11. RECOMMENDATIONS

The situation which occured with the CASA program might have been averted if the following steps had been taken:

I. Adequate determination of the administrative and fiscal capability of the operating agency prior to signing the contract.

II. Provision within the contract for a specific site, to accommodate a specified number of children.

III. Denial of permission to operate prior to securing a license, or, at least, a determination by SDSW that the facility was licensable for a given maximum number of children.

IV. Changing the method of reimbursement

V. Implementation of a procedure by the Department of Social Services for establishing deadlines for remedying identified problems.

Items III, IV and V, are discussed further in Section III.

SECTION III

SYSTEMIC OVERVIEW

INTRODUCTION TO SECTION III

In this section, we will examine the package of child care services funded by Model Cities in systemic terms. Using the specific objectives delineated and approved by the Sub-committee on Child Care as our "yardstick", we will explore the extent to which the total system of care has succeeded in attaining the stated objectives.

Section II dealt with each of the programs individually, with recommendations for specific improvements which still need to be made. Our concern in this section will be to identify problem areas which are common to all of the programs and which can best be dealt with on a system-wide basis, with particular emphasis on the role of the administering agency.

Sepcific Program Objective
Serve 230 MN Children in facilities in or near the model neighobrhood. Make child care available to all MN children who need it.

The following chart, showing MN enrollment figures for February, 1972, shows that the objective of serving 230 MN children was more than fulfilled:

Number of slots funded by MC		February MN Enrollment
San Juan Bautista	50	135
Los Pequenitos	50	58
Green Valley	30	29
CASA	50	Discontinued
St. Mark	50	40
TOTALS	230	262

While it will be seen that one of the funded programs did not survive the first action year, it was still possible to serve more than 230 MN children, for the following reasons: (1) San Juan Bautista had two separate contracts - one with seed money from Model Cities and one with seed money from the San Juan Bautista Housing Corporation. Both involved federal matching funds and together they provided for 100 slots. Model Neighborhood children were eligible for admission under both contracts. (2) An administrative interpretation was made permitting funds to be allocated in terms of slots rather than individual children; thus a single slot could serve two children (for example, a preschool child whose mother worked only mornings and a school age child who needed only after-school care could be accommodated in one slot). This was a most positive interpretation, since it permitted the programs to be responsive to a variety of needs and, at the same time, to serve a maximum number of children.

Thus far, the programs have been able to accomodate virtually all of the Model Neighborhood families who have applied for service. It would therefore appear that the felt need has been met.

On the other hand, there are indications that services will not be available to all Model Neighborhood children who need child care during the coming year as follow: (1) All of the currently funded programs are now approaching capacity; (2) Los Pequenitos does not have the physical capacity for adequately serving the EDC children enrolled, and parents have indicated a real need for this service in the Gardner area; (3) the CASA program served 29-132 children during its three months of operation, and, while many of the children did not require this service, a portion most certainly did; (4) the San Juan Bautista Child Development Center is currently seeking a source of seed money to replace the funds formerly provided by the Housing Corporation; if this source is not found, they will be forced to reduce their enrollment of Model Neighborhood children.

An investigation of all other child care resources within the Model Neighborhood (or available to MN children) should be made and a referral system developed to handle the needs which are likely to arise in the coming year. This could perhaps be undertaken by DSS as part of its child care intake process. In addition, 4-C's should render every assistance to programs needing additional sources of seed money, in order that services can continue to expand, to meet what will undoubtedly be a growing demand.

As regards location, the vast majority of parents enrolled in the present programs live within two miles of the programs and they were nearly unanimous in stating that transportation was not a problem. The St. Mark project, with the greatest flexibility in regard to location, should endeavor to recruit additional homes in the Olinder area in order to fill the gap left by the closing of the CASA programs.

Specific Program Objective

Offer safe care for children while parents work, attend school, or otherwise need these services for their children.

Safety is comprised of two primary elements: (I) Environmental characteristics and (II) Adequacy of supervision.

Physical characteristics of the individual program facilities have been dealt with exhaustively in Section II. There are, however, major systemic considerations related to the matter of environmental safety, and these will be examined in detail at this time as follows: (A) the role of SDSW in relation to licensing and (B) the role of DSS, as the administering agency, in ensuring that corrective action is taken when deficiencies are identified.

A. SDSW AND LICENSING

Federal Interagency Requirements:

> "Day care facilities must be licensed or approved as meeting the standards for such licensing". In California, licensing of group care programs is done by the SDSW on the basis of regulations contained within Title 22 of the SDSW Administrative Code. Because of the reliance on state licensing, the Federal Interagency Requirements are unspecific in relation to safety, sanitation, and suitability (the federal Requirements use such general words as "adequate", deferring to state standards for a determination of what constitutes "adequacy").

Statement of the Problem:

Months after they were in operation, two of the four Centers were still not licensed. As a result: no maximum numbers of children to be served in the facilities had been established; there was no official statement by the SDSW as to the licensability of the facilities; there was, in fact, nothing to prevent too many children from being served in inadequate, unlicensable facilities for unspecified periods of time, while licensing was in process.

One of the four Centers was licensed with "exceptions" (The provisions of Title 22 are such that licenses "may be issued in exceptional circumstances, at the discretion of SDSW, to a non-profit facility which cannot meet all of the standards set forth in these regulations...") Since the application of the above-permitted exception is clearly a judgemental matter, one Center was licensed with a building and play area which were deemed inadequate by parents, staff and the evaluator.

IT IS APPARENT THAT THE LICENSING PROCESS, AS PRESENTLY IMPLEMENTED, DOES NOT GUARANTEE THAT STATE STANDARDS OF SAFETY, SANITATION AND SUITABILITY ARE BEING MET BY ALL OPERATING PROGRAMS.

Recommendations:

- Ideally, all facilities should be licensed prior to the signing of a contract; the maximum nember of children to be served should be established in terms of the available space and the contract should be limited to this maximum; all "exceptions" should be known to the DSS and a plan should be developed for correcting deficiencies on the basis of a specific timetable.

- In the absence of this ideal, an attempt should be made to establish a closer working relationship between the SDSW and the DSS, so that:
  - a) A maximum number of children can be immediately established by the SDSW, regardless of any other delays in licensing;
  - b) SDSW can be made aware of the community's desire for truly adequate facilities;
  - c) Deficiencies can be brought to the attention of the DSS as soon as they are identified; and
  - d) Plans can be made for bringing facilities up to standards, on the basis of a specific timetable.

If SDSW would share materials assembled in the course of the licensing process (org. charts, board lists, floor plans, etc.), this would be of great value in reducing duplication of effort.

- Finally, if the SDSW does not cooperate in the above, the DSS, as the administering agency, will need to rely on its own resources to develop a plan and a timetable for correcting deficiencies, based on its own evaluation of the adequacy of the Centers.

B. ROLE OF DSS IN INSTITUTING CORRECTIVE ACTION

Statement of the Problem

DSS has not defined or implemented a specific procedure for ensuring that corrective action occurs at the operating agency level. As a result, problems have tended to continue for unduly lengthy periods of time after being identified. For example, at CASA, severe physical hazards continued until funding was discontinued, and at Los Pequenitos a number of serious environmental problems have gone uncorrected for a period of nine months. Other problems, of lesser magnitude, have gone uncorrected in every program, and many which have been corrected have resulted from operating agency goodwill, rather than in response to a specific administrative mandate.

Recommendation

Establish a process for the implementation of corrective action, where needed, as follows:

a) Identify problem (this is a responsibility of DSS but identification can be based on information brought to the attention of DSS by MC personnel, the evaluator, or other source)
b) Propose remedy and specify deadline for compliance
c) Provide all appropriate support for accomplishing compliance
d) Follow-up to ensure that compliance has occurred

II ADEQUACY OF SUPERVISION

Adequacy of supervision involves the following:

- An adult-to-child ratio which conforms to FIDCR
- Deployment of staff so as ensure adequate coverage in all program areas and at all times of day

- Availability of sufficient, competent substitutes, who can be brought in on short notice, so that the program never operates with an insufficient adult-to-child ratio

- A child-centered attitude on the part of staff members which means that they are attentive to the children as well as physically present

A. ADULT TO CHILD RATIO

With the exception of CASA, all of the programs were in at least technical compliance with the FIDCR on adult-to-child ratios at the time when this factor was analyzed by the evaluator. From a systemic standpoint, the issue is one of on-going monitoring to ensure that an adequate ratio is constantly maintained. Considering the frequent shifts in staff and the varied and changing enrollment patterns, this is not an easy task; and the following is proposed as a guide for monitoring staff-to-pupil ratio:

Distinguish between child-contact personnel (teachers and adies) and all others (administrators, secretaries, cooks, etc.)

Determine how many child-contact staff positions are full-time;

USE AN OVER-ALL RATIO OF 1 FULL-TIME ADULT FOR 6 FULL-TIME CHILDREN

> "1 full-time adult" is defined as staff providing 30-35 child-contact hours per week and may actually consist of one or more persons
>
> "1 full-time child" is defined as one full-time slot, comprised of one or more children with a combined attendance of approximately 40 hours

B. DEPLOYMENT OF STAFF

This was frequently identified as a problem, by the Observer, the staff and the parents. It can be dealt with only by constant re-evaluation on the part of the On-site Director, to be sure that there is adequate coverage during the hours of greatest need (particularly early morning, peak hours during the day, and late in the afternoon)

C. PROVISION FOR ADEQUATE SUBSTITUTES

Most identified problems of supervision resulted from staff absenteeism coupled with a lack of substitutes. Since no one program requires sufficient substitute time to ensure that high quality teachers will be willing to retain substitute status, it has been proposed that a common pool of substitute personnel be developed and shared by all of the Model Cities child care programs. DSS can monitor the use of substitutes as part of its fiscal analysis (i. e., sufficient budgetary allocation must be made to cover the cost of substitutes and questions should be raised if this item is too far underexpended).

In addition, all programs should be encouraged to utilize more volunteer assistance--both parents and community people. The administering agency can possibly assist through negotiating with local colleges to secure college credit for students who volunteer their services to child care programs.

D. ATTITUDE OF STAFF

Attention to the attitudes of staff falls within the supervisory province of the operating agencies themselves and is not a systemic issue.

Specific Program Objective

Provide an educational program. Contribute to the development of a positive self-image. Enhance children's social, cognitive and communication skills.

All of the programs, with the possible exception of St. Mark, are at least attempting to provide educational programs to meet the above objective, although they vary greatly in quality.

In both the "before" and "after" ratings, the majority of parents described the educational component as only "pretty good". While most parents expressed a lack of specific familiarity with this aspect of the program, their evaluative judgements were generally confirmed by staff ratings.

Two sets of extensive on-site observations, by an expert observer, yielded detailed information about the educational component. These reports revealed serious lacks in all of the centers during the initial observations. Subsequent observation showed that two of the centers had improved in the four months between "before" and "after" while one had become more structured and, unfortunately, more restrictive in the intervening period. A single observation in each of five day care homes produced no evidence of identifiable educational components. All of the educational programs--both Centers and homes--require further upgrading, at least in some areas.

In view of the limited nature of most of the educational programs, it is encouraging that parents reported constructive changes in their children since enrolling them in child care. Parent responses to a question about observed changes are shown in the following chart:

	CHANGES		
	Yes, Positive	Yes, Negative	No Change
San Juan Bautista	12	0	2
Los Pequenitos	11	1	1
Green Valley	10	0	1
St. Mark	6	0	9
TOTALS	39	1	13

While most of the above favorable ratings related to social gains, resulting primarily from contact with other children and adults, some did reflect specific gains in cognitive and communication skills. It is exciting to envision the magnitude of progress which would be possible if child care programs could achieve their potential as educational institutions. This can be accomplished if the programs are supplied with the tools of learning that are needed. These "tools" are (A) adequate training for teaching staffs (B) adequate materials for the children to use and (C) adequate facilities.

The following problem analysis and recommendation in relation to staff training is based on the demographic data contained in teacher questionnaires and has been verified and approved by the operating agency directors. It is their judgment, and that of the Evaluator, that an effective staff training program must be developed system-wide:

A. STAFF TRAINING

Federal Interagency Requirements

The operating or administering agency must provide or arrange for the provision of orientation, continuous inservice training, and supervision for all staff involved in a day care program--professionals, nonprofessionals, and volunteers--in general program goals as well as specific program areas; i. e., nutrition, health, child growth and development, including the meaning of supplementary care to the child, educational guidance and remedial techniques, and the relation of the community to the child.

Statement of the Problem:

Approximately half of all staff members at all Centers have had little or no specialized training in child development and little or no prior paid experience in child care or related fields. While most of these individuals have the potential for effective work with children, this potential cannot be realized without adequate, consistent, planned and effectively delivered inservice training.

Virtually all of those who lack such specialized training and experience are sub-professionals, and it is essential that their skills be upgraded if they are to be "given career progression opportunities" (FIDCR)

The staff training programs that have been instituted have tended to be intermittent, with relatively haphazard selection of subject matter, so that the possibility of significant impact on staff performance is negligible.

Approximately half of all Center staff members are enrolled in college courses, but these are not systematically planned to ensure that staff members are getting the specific training they need for their particular job responsibilities (classes tend to be selected in terms of individual interest, time schedules, availability, college sequences and other factors unrelated to job needs).

The quality of educational programming and of adult-child interaction needs considerable improvement at all centers. Given the basic commitment and inherent capability of the staffs, all programs could be significantly upgraded with adequate training.

Recommendations

Development of a unified, in-depth, inservice training program, with the following elements:

- A team comprised of an outstanding college-instructor-level early childhood education specialist and an experienced child care teacher to provide intensive on-site training, utilizing a "master teacher" or "intern" type of approach; i. e., the team members work side by side with their "students", demonstrating methods by their own work, becoming knowledgable about the children, and thus being in a position to relate their instructional content to the real situation of the child care staff. This side-by-side working relationship would be supplemented by individual conferences, drawing principles of child development and child-adult relationship concepts from the actual situation. These conferences would take place between the instructor and the "student" while the teacher member of the team relieved the "student" of her working responsibility. This process would be repeated for every member of the child-contact staff, and the supervisor would be included (through direct observation and participation in the individual conferences) so that she could continue the process when the team moved on to a new Center.

- Large workshops--to be shared by a single staff or several staffs combined--focussing on special components of child care and planned by the team on the basis of their direct on-going observation of the staffs at work.

- Consultation and planning with individual staff members in relation to the development of a course of study, through local colleges, which would be most relevant to the individual staff member's needs

- If possible, the utilization of films or TV tapes taken on-site as part of the training

- Every effort should be made to relate this training program to a college (UC extension, SJSC, SJCC, DeAnza, etc.) in order to secure college credits for "students"

This type of approach effectively converts the actual child care centers into Demonstration Centers (like those attached to colleges) and provides a mechanism for upgrading the total educational program as well as the skills of each staff member.

The course of study on-site would focus on:

a) Child development and understanding children's needs

b) "Reading" children's cues--verbal and non-verbal, and including indices of special physical, emotional and educational needs

c) Responding to children's cues--in personal interaction with the children and through appropriate use of other resources and services (nutrition, social services, health services, etc.)

d) Planning a curriculum for fostering individual growth, including:

    Specific activities in all areas (art, music, science, etc.)
    The sequential development of these activities
    The rationale underlying activities
    Conditions that allow for child autonomy

e) Enhancing ethnic awareness

The workshops would:

a) Deal with the above concepts in a theoretical manner

b) Take into consideration special staff concerns

c) Bring in specialists in health, nutrition, social services and other components to share specialized knowledge in each of these areas and instruct staff in the utilization of these resources (through referral, consultation, etc.), as needed.

B. EQUIPMENT

Provision of equipment and supplies must be up-graded, both quantitatively and qualitatively, in all programs. The administering agency can assist by ensuring that there is adequate budgetary provision for equipment in all program budgets. 4-C's could help by making available a consultant on curriculum to aid in the selection of quality materials, drawing up lists of materials suitable for various age groups, arranging for joint purchasing and/or possibly establishing a toy library (to loan materials to programs, particularly day care homes).

C. FACILITY

Environmental considerations are dealt with in the Section on Safety but reference must be made here to the great significance which the environment has in relation to the delivery of quality educational programs. If teachers must spend all of their energies checking to see that children are not lost or hurt, there is little opportunity for the development of an enriched program. DSS enforcement of corrective measures in regard to facilities would therefore contribute substantially to the possibility of delivering an effective educational component.

Summarizing the educational component, it is apparent that progress has varied from program to program. Where progress was made, it resulted from the efforts of the local administration and staffs, particularly in response to feedback provided by the on-site observer. The utilization of Evaluation feedback as a source of technical assistance is a positive side effect of the Evaluation process. However, this is not the primary function of Evaluation and the effectiveness of Evaluators in this area is limited by the lack of authority. What should have occurred-what would have ensured significant progress in all programs--is the provision of technical assistance by the administering agency (either directly or through a contract arrangement with 4-C's or other appropriate group) in the areas of training and educational consultation. It is strongly recommended that assistance in these areas be provided during the coming year, particularly since the allocation for Evaluation is being drastically reduced and this source of informal technical assistance will no longer be available.

Program Objective
Provide Health Care:
Secure or generate comprehensive diagnostic information about immunizations and dental, visual, auditory or other health problems. Develop an effective system for following through to secure appropriate treatment.

At the outset, and as late as the October Monitoring Report, NONE of the programs had an adequate health component, despite sporadic efforts to develop one. The effective delivery of health care could not be accomplished by the programs individually, but required a two-pronged systematic approach, including:

- Assistance in planning and development, and
- A specific mandate to comply with this requirement

Assistance in planning and development was provided by the 4-C's, through the employment of a PHN to work with the operating agency directors in designing and implementing a health component. The mandate came from the Department of Social Services, which clearly stipulated that each program must budget for the essential elements contained within the health plan. As a result of this combination, every program had employed, or was in the process of employing, a health aide by the conclusion of the first action year. Every program had brought the children's health records up to date. Every program had arranged for diagnostic examinations and hearing and vision screening, and budgetary provisions were being made for expanding this component during the second action year. The handling of this area is an effective model for achieving compliance in each of the vital components. It is hoped that comparable attention will be given to the areas of safety, education and social services.

Insofar as the impact on children's health is concerned, it is significant that, even in the absence of a health component, most parents indicated that their children's health was either the same or better than it had been prior to enrollment. The response to a question on child health, contained in the "before" and "after" interviews, is shown below:

QUESTION: In general would you say your child has been healthier, less healthy, or about the same, since he's been in the Center?

	"Before			"After"		
	Healthier	Less Healthy	Same	Healthier	Less Healthy	Same
SJB	3	0	50	0	3	11
LP	13	0	26	5	1	7
GV	4	0	18	3	0	8
St. M				5	0	11
Totals	20		94	13	4	37
Total %	17%	0%	83%	24%	8%	68%

While the incidence of "healthier" responses increased slightly from "before" to "after"--from 17% to 24%--there is also a slight rise in the incidence of "less healthy" responses--from 0 to 8%. This is not surprizing, since the health component is too new to have had much effect. In addition, it consisted primarily of diagnostic activities, which might be expected to produce a greater health awareness but no improvement in health.

The real impact of the health component cannot be evaluated until next year when it has been in operation for a longer period of time. Further, unless significant emphasis is placed on follow-up treatment, the improvement in children's health will be negligible. This aspect needs further attention in subsequent planning efforts.

Program Objective
Provide a Nutritional Program:
Provide nutritionally balanced meals and snacks for all children enrolled. Introduce special foods to correct identified nutritional deficiencies, if indicated.

A summary of meals and snacks served by each of the programs is shown in the chart below:

	Breakfast	Snack	Lunch	Snack
SAN JUAN BAUTISTA	x	x	x	x
LOS PEQUENITOS	x	x	x	x
GREEN VALLEY		x	x	x
St. Mark	Varies with hours of child attendance			

Methods of preparation vary from extensive on-site cooking to simply purchasing prepared meals from the school district. There are vast variations in the budgetary allocations for food. In general, it is the Evaluator's belief that inadequacies in the areas of nutrition result most directly from insufficient funds allocated to this area: for example, Green Valley, with the lowest monetary provision for food, offers neither breakfast nor ample quantities at lunch, and the snacks at Los Pequenitos are in serious need of up-grading, again due to under-funding of this area.

A nutritionist consultant was employed by 4-C's to assess the nutritional adequacy of foods but, unfortunately, she did not do a systematic analysis of the nutritional strengths and weaknesses of the menus in use but rather focussed attention on food sources, costs, and sanitation requirements.

From her comments and those of the operating agency staffs and parents, it would seem that the nutritional component could best be upgraded by:

1. Adequate budgetary allocations for food, combined with attention to securing the most economical food sources
2. Nutritional consultation, involving perhaps no more than one day a week, which would focus on nutritional analysis and recommendations for up-grading menus
3. Attention by all Centers to proper sanitary methods in the preparation of foods.

Since none of the programs are now providing special foods to correct nutritional deficiences, the nutritional consultant could also be helpful in this area.

It is further suggested that food be examined from the standpoint of its ethnic appropriateness to the children in each program--food has to be tasty and appealing if it is to be eaten and provide the nutrition which children need.

Meal times can also be utilized as an educational experience--if children participate in serving and cleanup, if the atmosphere is conducive to pleasant conversational interchanges, and if foods are used to familarize children with other cultures.

Parent education in relation to nutrition would also be desirable. It is strongly recommended, however, that such a program (whether handled by the nutritional consultant, ENAP, or the PHN) be designed to secure parent input so that the content will be relevant to the real eating patterns of the families being "educated."

Program Objectives
Provide Social Services:
Make counseling and guidance available for the development of an individual case plan for each child. Provide an effective program of referral to additional resources as needed.

In "before" interviews, the overwhelming majority of parents indicated that they chose the program they were utilizing because "it was close" or because "it was the only one" they knew about. This demonstrates an almost total absence of individual case planning based on the child's or the family's real needs. It further demonstrates that parents were not made aware of alternative choices. In the course of the evaluation period, a worker was assigned by the Eastside Social Services to the San Juan Bautista Complex and Center, but she was not involved in the intake process and played no role in case planning. A certification system was introduced by the Department of Social Services late in the year which was intended to provide more adequate case planning, but there was no evidence of its effectiveness by the time the evaluation study was completed in February.

As regards referral, almost all of the parents stated that there were no social services available through the child care programs or, at least, that they were aware of none. This was true in both "before" and "after" interviews, with the exception of San Juan Bautista (San Juan Bautista parents were aware of the role of the social worker and they rated her efforts very highly).

Adequate social services must be made available to all of the child care programs.

Recommendation:

It is recommended that the Department of Social Services take full responsibility for the provision of social services for all of the model-cities funded child care programs. Services should be rendered, at convenient locations, by workers with special knowledge of child care. Such specialized knowledge would enable the worker to be effective in developing the plan most suited to each family's needs and affording full and free choice of all of the available alternative resources.

Specifically, a worker, with specialized knowledge of child care, could be assigned to each program or neighborhood and charged with responsibility for:

> Assisting in disseminating information and recruiting potential child care users
>
> Serving as the first contact person for anyone wishing to obtain child care services within the neighborhood (if a parent were to go directly to a center, that parent should be immediately referred to the social worker so that a real choice of alternatives could be explored at the outset)
>
> Assisting in individual case planning and arranging for child care services within a Center or family home (or a combination of the two), as indicated (INTAKE)
>
> Completing all forms required for certification
>
> Following up to see that the child was satisfactorily enrolled.
>
> Offering direct casework services, or referral, as indicated, when child or family was having special problems (these could be identified at intake or brought to the worker's attention by the child care staff)

> Serving as an "ombudsman" for parents having complaints about the programs or care received;
>
> Facilitating movement through the system of child care as the child's or family's needs change; this could best be accomplished by systematic follow-up on all terminations.

The worker might also work with the PAC, either in a staff capacity or as a community member of the PAC.

Specific Program Objectives:
Free parents to engage in work or training programs.
Make services available to parents who do not work but have other needs for child care services.

In order to determine the impact of the child care programs on employment and other family situations, we asked parents whether they were specifically able to work or participate in training programs because of the availability of child care, why they needed child care, and what changes had occurred in their lives since enrolling thier children. The responses to these questions (on a "before" and "after" basis, where available) are shown below:

QUESTION: Were you specifically able to work or participate in school or training program because this service was available?

	"Before" Interviews	
	Total Responses	Number who said "yes"
SAN JUAN BAUTISTA	24	13
LOS PEQUENITOS	22	16
GREEN BALLEY	20	5
CASA	17	6
St. MARK	16	12
TOTALS	99	52

It is apparent that more than half of the parents served were freed to work or engage in training programs because the Comprehensive Child Care Program was in existence.

QUESTION: What are your reasons for needing child care?

	"Before"				"After"		
	Work	School/training	At home		Work	School/training	At home
San Juan Bautista	13	4	6		10	1	2
Los Pequenitos	17	3	2		9	4	1
Green Valley	8	1	11		6	0	5
CASA	4	5	9	No follow-up done			
St. Mark	-	-	-		11	7	0
Totals	42	13	28		36	12	9
Percentages	50	16	34		63	21	16

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*It will be noted that the "after" figures are consistly lower than the "before". This is due to the fact that the "after" responses quoted here were secured from follow-up interviews with those parents in the initial sample who were continuing in the program. New enrollees-those who enrolled following the "before" interviews-were not interviewed and their reasons for needing care are not reflected.

This confirms the previous observation that child care is generally utilized to free parents for work or school. Parents who are at home tend to withdraw their children from care; and, in some instances, as programs approached capacity enrollment, parents who were neither working nor attending school were discouraged from participating. Thus, of 26 terminations which were analyzed, 7 had dropped because they were no longer employed or in training, 5 had moved out of the MN, 5 were dissatisfied with the program and 8 gave assorted other reasons (such as child being overage for program).

QUESTION: What changes have occurred in your life since enrolling your child in child care?

Response	Total Number
Now working	6
Now going to school	5
Looking for work	2
Able to work or attend school without worrying	2
Laid off	3
Pregnant	3
Other	1

Overall, it will be seen that most of the changes were positive contributions to "promoting and enhancing independent family life," although availability of child care is obviously not a guarantee that a mother will not be laid off.

Finally, in response to the Question, Is the program meeting your needs?

63% of "continuing parents" said Yes, very well

34% said Yes, to some extent

3% said No

In the case of families who had terminated due to dissatisfaction with the program, dissatisfaction was uniformly related to the child's and not the parent's needs. There were also several parents who reported a still unmet need for care, particularly in relation to infants,* but the proportion was very small.

It is clear that the programs are effectively meeting the needs of the families they serve.

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* It is unfortunate that there was no mechanism available for making parents aware of alternate forms of care. Thus, several families expressed a need for infant care at the same time that vacancies existed in the St. Mark Day Care Homes. Immediate implementation of an effective Intake procedure should eliminate this problem.

Specific Program Objectives:

Involve parents in the decision-making process.
Implement a program for systematic communication with parents

As will be seen from the individual program reports, all of the programs had functioning Parent Advisory Committees by the end of the first action year. In all but one instance, however, the PAC was not formed until mandated by Model Cities. And, in all instances, PAC's are still without written statements of their roles and responsibilities.

Further, most of the PAC's are still merely advisory: they either have no role to play in the decision-making process or they are involved at the Center level when decisions are in fact made at a higher corporate level.

The Federal Interagency Day Care Requirements are very explicit with regard to the role which PAC's should fulfill, as follows:

> "Parents must have the opportunity to become involved themselves in the making of decisions concerning the nature and operation of the day care facility.
>
> Whenever an agency (i. e., an operating or an administering agency) provides day care for 40 or more children, there must be a policy advisory committee or its equivalent at that administrative level where most decisions are made.* The committee membership should include not less than 50 percent parents or parent representatives, selected by the parents themselves in a democratic fashion. Other members should include representatives of professional organizations or individuals who have particular knowledge or skills in children's and family programs.
>
> Policy advisory committees must perform productive functions, including, but not limited, to:
>
> a. Assisting in the development of the programs and approving applications for funding.
>
> b. Participating in the nomination and selection of the program director at the operating and/or administering level.

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*Evaluator's emphasis

c. Advising on the recruitment and selection of staff and volunteers.

d. Initiating suggestions and ideas for program improvements.

e. Serving as a channel for hearing complaints on the program.

f. Assisting in organizing activities for parents.

g. Assuming a degree of responsibility for communicating with parents and encouraging their participation in the program."

In the course of analyzing parent data, ratings made by parents who described themselves as "involved" with the program were compared with the ratings of those who were "uninvolved." This comparison showed that the involved parents were consistently more critical than were the uninvolved. This observation sheds light on the natural reluctance of program administrations to move as fully into parent involvement as the FIDCR stipulate. It further suggests that PAC's have to be helped to achieve a degree of autonomy from program Directors if they are to be truly effective.

The administering agency will need to watch closely to see that PAC members are properly elected and truly representative of parent body constituencies; that technical assistance is made available to the PAC's as they attempt to formulate their roles; and that the suggested inclusion of parent-users in all top-level boards becomes a reality.

Home-center communication, in the form of systematic parent conferences, was the most conspicuously lacking element in all Center programs. With the exception of St. Mark, the majority of parents in all programs stated that they were given progress reports only when they requested them. And parents were virtually unanimous in wanting more regular information about how their children were doing. A recommendation to this effect is included in each of the individual program reports. Perhaps DSS, as part of its Social Services component, can urge and assist Centers in improving home-center communication in line with the specific objective cited above.

Program Objective
Provide employment and career opportunities for model neighborhood residents.

As shown in the chart below, 54 MN residents are currently employed as a result of the Comprehensive Child Care Program:

	Model Neighborhood Employment		
	July	Oct. -Nov.	Feb.
San Juan Bautista	4	14	17
Los Pequenitos	1	7	8
Green Valley	1	4	6
CASA	--	13	--
St. Mark	--	27	23
TOTALS	6	65	54

It will also be seen that some positions for MNR's have been lost with the closing of the CASA program and with the reduction in Providers in the St. Mark project. No provisions have been made to follow up on the persons who have lost their jobs to offer them assistance in becoming re-employed within the system of child care.

The following listing shows the positions filled by MNR's in the total system:

1	Director
1	Teacher-supervisor
1	Head Teacher
7	Teachers and Assistant Teachers
1	Community Aide
2	Health Aides
15	Teacher Aides
4	Clerical Workers
3	Cooks
19	Providers and/or Certified Babysitters

While there are several professional positions filled by MNR's, it will be seen that the vast majority are filling sub-professional position as Aides and Providers. Salaries for these positions are varied and generally quite low. And there is little provision for training of the type which would substantially upgrade the skills of these employees.

The role of Model Cities in relation to resident employment has been primarily to insist that Model Neighborhood Residents be given top priority and preference in hiring. This is obviously appropriate and desirable in programs utilizing Model Cities funds.

It is hoped, however, that additional and serious consideration will be given by Model Cities to protecting the jobs and career opportunities which are created for MNR's by:

- Ensuring that there is adequate training so that MNR's will have real opportunities for career advancement (See the Recommendation on Staff Training, pages 151-153)

- Setting recommended wage and benefit standards to protect MNR's from exploitive working conditions
- Ensuring that a grievance procedure is established for hearing complaints by MNR's (and all other employees)
- Following up on MNR employees who have left a program or been terminated to see if they might be re-employed elsewhere in the system.

Inclusion in the DSS Policies and Procedures manual of a clear statement of Model Cities requirements in relation to staff hiring procedures, waivers, etc., would also be extremely helpful.

SUMMARY OF ESSENTIAL ELEMENTS

Throughout this report, we have dealt with the many and varied aspects of federally-supported child care programs. We have seen that the quality of services rendered have differed greatly from program to program and from time to time. We have seen that some of the programs have made progress, some are continuing with uncorrected deficiencies, and one has failed. What elements have produced the variations? There have been differences in the physical facilities, in the experience and competence of staff, in the availability or distribution of funds, and many other special variables. But these are not causative factors. The critical factor--the factor which determines whether problems will be successfully handled--is administrative capability. Thus, a Director who is committed to eliminating safety hazards will see to it that funds are apportioned and arrangements made to improve the physical facility; the Director who is concerned with up-grading staff will provide supervision and training, will change schedules and assignments, and will replace staff, if need be; the Director who really wants to improve the curriculum will find the ways to cut administrative costs and put more money into equipment; etc.

If a Director at the local level is competent, concerned, eager to improve the program, responsive to children, parents, staff and expert recommendations... if, in short, a program happens to have an outstanding Director, then it will succeed and become progressively better; if not, it won't. But securing an outstanding director has been essentially a matter of chance. What can be done on a systemic level to ensure capability at the operating agency level? Are there steps which can be taken to build in a maximum potential for success? What is the role of the administering agency?

This section will attempt to outline the essential elements of a successful system of care, from the standpoint of the administering agency:

I. PERSONNEL

As indicated in the introduction, the operating agency Director is the key to success or failure. This Director is the employee of the operating agency Board, and the administering agency has no direct responsibility in connection with the selection or retention of a particular Director. It is therefore incumbent upon the administering agency to verify that a Board exists which is capable of assuming full responsibility for employing and supervising a Director who adequately fulfills the program's needs.

It is therefore recommended that, in addition to securing ample documentation with regard to Board composition, frequency of meetings and areas of responsibility, there be a personal contact between a DSS representative and the Board (or Board chairman) to verify that the Board is aware of its responsibilities and to ascertain whether a procedure exists for replacing the Director, should this ever prove necessary. Verification of the Board's administrative capability should precede the signing of a contract.

It is further recommended that DSS work with the operating agency Boards on an on-going basis, sending communications to the Board chairmen as well as the Directors and inviting both to be present at key meetings (submission of proposals, signing of contracts, etc.). In keeping with the FIDCRs, it is essential that parent users be adequately represented on the decision-making Boards of the operating agencies.* DSS must ensure that such representation is achieved.

Finally, it is recommended that each Board be required to develop Personnel Policies, including an adequate grievance procedure.

II. FUNDING

It is the responsibility of the administering agency to disburse funds in such a way as to ensure that the funds are appropriately utilized to accomplish programmatic goals.

During the Evaluation period, re-imbursement was made on a per capita basis; i.e., funds were paid on the basis of numbers of children enrolled and there were no direct controls over the manner in which funds were expended. This encouraged a "numbers game" in which Centers were tempted to over-enroll, to enroll inappropriately, or to establish a minimum-length day based on monetary factors rather than the child's needs.

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*DSS, as the administering agency, is also required to have a policy committee to fulfill the functions outlined in the FIDCRs. While there is a functioning Family and Children's Advisory Committee, its role and impact in relation to child care policy decisions were not apparent to the evaluator.

It also made it very difficult for the operating agencies to allocate funds for long-range program elements or to engage in systematic planning (due to the fact that income fluctuated with enrollment). Further, because programs could receive funds only if they were serving children, some porgrams began to serve children before they were really ready to do so. And, finally, this method of reimbursement negated the possibility of influencing the allocation of funds for needed program elements.*

It is therefore recommended that reimbursement be made on the basis of fixed-fee contracts based on line-item budgets, with amounts clearly earmarked for specific program components. Each contract would specify and be proportionate to a given number of children, but reimbursement would be on the basis of actual expenditures, regardless of whether all slots were filled or not. (One safeguard might be an intake process whereby eligible children would be referred until all slots were filled and no eligible children could be turned away as long as there were vacancies. A second safeguard would be the careful examination of expenditure reports. Finally, there should be a provision that authorization from DSS would be required in order to shift funds from one line item to another).

---

*A form was developed wherein the operating agencies were requested to show their actual expenditures so that analysis could be made of the amounts being spent for administration, program elements, etc. Completion of this form was never insisted upon by the fiscal department, however, and two programs never submitted reports on this form.

It is further recommended that the DSS fiscal officer work very closely with program staff, analyzing the expenditure reports in programmatic as well as fiscal terms.

This method, if adopted, would eliminate the "numbers game" and would ensure that monies were expended for the desired program elements, since funds would be earmarked in terms of line items and line items would correspond with program components.

III. POLICIES AND PROCEDURES

It is the responsibility of the administering agency to develop policies and procedures to guide the operating agencies in fulfilling their contractual obligations, and to communicate these so that there is no possibility of mis-understanding.

Throughout the first action year, there has been considerable confusion on the part of the operating agencies about their relationship with DSS and other agencies: they didn't know who the authoritative persons were, which policies and procedures were recommended but optional, which were mandatory, etc.

It is recommended that a clear-cut procedure for the development and communication of policies and procedures be established, as follows:

Identify DSS personnel to be involved
Prepare draft policies and procedures (clearly identified as Drafts)
Distribute to all appropriate persons, including O/A's
Hold meetings with O/A Directors to discuss and clarify drafts

> Such meetings should be held regularly, possibly monthly, to provide a forum for all O/A concerns as well as for policy clarifications. Inclusion of O/A Board chairmen should be considered.

Distribute the established, binding policies and procedures (clearly identified as Final and Binding)
Establish a procedure for amending policies and procedures which prove inadequate or unworkable

Policies made by Model Cities which are binding on the O/A's should follow the same procedure and involve DSS as well as O/A's in the decision-making process.

Policies that are already in effect at the beginning of the contract year should be distributed in a Policy Manual. This would be true for all existing, binding policies and procedures--whether originated by DSS or MC. Contracts should stipulate that O/A's are obligated to comply with "Binding policies and procedures", established after due process has been observed.

IV. IMPLEMENTATION OF CORRECTIVE ACTION

Throughout this past year, problems have been identified and brought to the attention of operating agency Directors, the DSS, and MC personnel by the Evaluator. However, the Evaluator lacked authority to insist that recommendations be implemented, and the agencies which had the authority failed to develop and enforce a systematic procedure for implementing corrective action. For this reason, problems have tended to continue for unduly lengthy periods of time (seriously jeopardizing the programs, in some instances)

It is recommended that the following procedure for corrective action be established:

Identify the problem

Propose remedy and specify deadline for compliance

Provide all appropriate support for accomplishing compliance

Follow-up to ensure that compliance has occurred

Establish a grievance procedure for O/A's in connection with any dissatisfactions they might have relating to the problem identification or the implementation of corrective action.

A procedure similar to the above was implemented in relation to health care: 4-C's assisted in the development of a plan and participated in the training and supervising of health aides; and DSS made it clear that this component was required of all programs. As a result of this dual effort--support and enforcement--every program had a health component at the conclusion of the contract period. If a similar course is followed in all areas requiring corrective action, the elimination of serious problems will be effectively ensured.

In order to accomplish the four dimensions of effective administration discussed above, it is essential that DSS affirm its role as THE Administering Agency and identify for the operating agencies which individual (or individuals) within the DSS can make commitments for the agency. While the internal affairs of DSS are beyond the scope of this evaluation, it is suggested that the possibility of developing a child care unit be explored. Such a unit might encompass contract supervision (exclusively related to child care contracts), child care planning, child care monitoring, fiscal personnel related to child care, child care intake, and, perhaps, a variety of support personnel, including experts in health, early childhood education, nutrition and other program components. This suggestion is made at this time because of the Department's existing involvement with some sixteen programs and the anticipated increase which will follow from new and pending legislation.

Should the Department not wish to add support personnel (PHN's, educators, etc.) to its own staff, it is strongly recommended that the sub-contract drawn with 4-C's* stipulate that these services be provided under this contract.

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*Pacific T. & T. A.'s contract did not include evaluation of 4-C's, so no direct observations are included. However, certain aspects of 4-C's had an observable impact on the operating agencies, and these may be briefly summarized as follows: (1) Operating agency Directors expressed considerable confusion about the extent of authority which 4-C's could exercise over their individual programs; (2) The assistance of the PHN in health planning was generally judged to be very valuable while the nutritional consultation was not; (3) The Directors would welcome substantial technical assistance from 4-C's, especially in relation to parent involvement and the provision of a joint staff training program; and (4) Several Directors feel very strongly that 4-C's has a primary responsibility to assist them in seeking or generating needed funds.

Regardless of the auspices, it is clear that operating agencies will not be able to accomplish the level of compliance desired unless a number of programs are planned and implemented on a system-wide basis; notably an adequate program of staff training, curriculum consultation, health and social services.

In addition to assistance in special program areas, there is a demonstrated need for technical assistance to the Directors in administrative matters, including:

> Fiscal management (information on compartive cost of insurance and other items, consultation on tax matters, depreciation, etc.)
>
> Program management and relations with staff (including personnel policies and practices)
>
> Assistance with Board and PAC training and role definition

Mandates and deadlines are extremely important and very much needed, but they can best be achieved if consistently coupled with substantial assistance and a real responsiveness to the needs and concerns of the operating agencies.

CONCLUSION

While evaluations, by their nature, tend to focus on what remains to be done, it is important to underscore what has already been done as well. A few quotations from the parents themselves provide eloquent testimony:

"I can work without worrying because I know my child is well cared for"

"He can hardly wait to go to the Center"

"I am satisfied with the program and the teachers"

"If I had my choice, I'd pick a program just like the one I'm using"

"I believe they're doing a good job but I wish there was a better yard and more equipment"

"I like it very much and it does a lot of good for the children as well as the parents"

"I couldn't go to school without this program"

The Model Cities-funded Comprehensive Child Care Program of San Jose is fundamentally fulfilling its objective. It is serving 262 MN children and their families, and it is serving them in programs which generally compare favorably with most of those to be found throughout the country. Despite many weaknesses, there can be no doubt that the community has benefitted from the existence of this program.

What remains to be done is to realize the potential inherent in these programs. The first action year has exposed the problems. This report, we hope, has suggested many of the solutions. If the recommendations are followed, the Model Cities child care program of San Jose can indeed become a model.

EVALUATION OF
COMPREHENSIVE
CHILD CARE
APPENDIX

APPENDIX

Instruments developed by Pacific T. & T. A. for use in the Evaluation of the San Jose Comprehensive Child Care Program

A. Monitoring Checklist and Narrative Form

B. Parent Questionnaires

1-Parent Interview schedule ("before")
2-Follow-Up Parent Interview Schedule ("after")
3-St. Mark Family Day Care Program
Parent Questionnaire

C. Staff Questionnaires

1-Staff Questionnaire (for Center staffs)
2-Staff Questionnaire (pages 6-8 adapted for St. Mark Adm. staff)
3-Questionnaire for Providers (St. Mark)

D. On-Site Observation Forms

1-Checklist for Program Observation (Centers)
2-On-Site Observation Form, St. Mark
Day Care Project (for Home studies)

MONITORING CHECKLIST AND NARRATIVE FORM

Developed by: Pacific Training & Technical Assistance Corporation
For monthly monitoring review of all child care
programs

MONITORING CHECKLIST AND NARRATIVE FORM*
SAN JOSE CHILD CARE PROJECT

Date of Visit ________________ 1971
Name of Monitor ____________
Reviewed by ________________
Approved form filed with MIS __________ 197

Name of Program ______________________________
Address ______________________________
Type of facility (church, school home, etc) ______________
Owned ☐
Rented ☐

Information provided by ________________ Title ____________

Days + hours center is open ______________________________

---

*To be completed in full at the initial interview. Subsequently, only changes are to be recorded, with the initial completed form serving as the base.

I. ENVIRONMENT

Draw or secure a floor plan of the facilitiy (including major movable equipment and storage units) and label each area as to use(s). For tables, toilets, and basins, indicate whether adult or child-sized.	A. Floor Plan:
Note general condition of facility (i. e. old or new, freshly painted or not, fence intact, etc.)	B. General Condition:
Itemize categories of equipment (e. g. paint supplies, books, blocks, music, pets, table toys, tricycles etc,) Attach inventory if available Indicate whether accessible to children or adults. Note items in need of repair	C. Equipment

II. ADMINISTRATION

Describe the administrative structure (include Organizational Chart, if possible, showing lines of authority and responsiblity)	A. Structure:
Composition Functions Freq. of meetings -Are attendance records maintained? Are parent members reimbursed for expenses?	B. Governing Board or Advisory Committee:
List recoreds maintained on a regular basis (e. g. attendance, intake, etc.) Attach samples	C. Records:
Have policies been written governing fees, budgets, planning and other adm. aspects of the program? If yes, attach copies. If no, indicate plans for developing policies.	D. Policies:
	E. Fees:

Monitoring Checklist
PTTA/7-1-71

III. STAFF

A. STAFF PROFILE

List all staff positions, incl. volunteers, by name and title	Qualifications (Training and/ or experience)	Sex	MNR ? Ethnic Group ?	Total Hours per wk.	Total Child Contact hrs/wk	Assignment (attach job descriptions)

198

B. Are there any staff vacancies? # Positions

C. Have there been any terminations during the month?

If yes, explain

D. Incidence of staff absenteeism (# man-days missed)

What provisions for substitutes?

Any staff training programs?

If yes, describe

E. What policies govern recruitment, selection, termination, health requirements, working conditions, etc.?

F. Are there records showing that all adults have TB clearance?

Monitoring Checklist
PTTA/ 7-1-71

IV. ENROLLMENT

A. PUPIL PROFILE

. Child's Name (Bracket children in family groupings	Date Enrolled	Age	Sex	Ethnic Group	Days (e. g. MWF)	Hours (e. g. 9-12)	MNR ?	Comments
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
0.								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
0.								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
0.								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
0.								
1.								
2.								
3.								
4.								
5.								
6.								
7.								
.								
9.								
0.								

IV. ENROLLMENT (cont'd)

B. Total # Enrolled: ______

Average Daily Attendance: ______

# terminated during month: ______

Explain

C. No. Vacancies, if any: ______

No. Inquiries during month: ______

No. Applied but enrollment pending: ______

No. on waiting list, if any: ______

D. What policies govern recruitment and selection (indicate restrictions based on age, residence, handicaps, etc. and determine who would be given priority if there were a crush of applicants):

onitoring Checklist
PTTA/7-26-71

B. PARENT PROFILE

Total # Families ____________

# Parents Working ____________

# Parents in Training ____________

# Parents with other activities: _____ What?

# One - parent families ____________

# Two - parent families ____________

# With guardians or other parent substitutes ____________

Engleish speaking only ____________

# Spanish speaking only ____________

# Bilingual ____________

If known, # on welfare ____________

* # low-income ____________

* # middle income ____________

* Show income in increments of $1,000 annual income, beginning in August

V. PROGRAMS (Activities and Parent Involvement)

Describe a typical day's program (include details of actual activities engaged in during periods of "free play," outdoor time," etc.)	A. Regular activities:
If there are periodic special activities (e.g. field trips), please specify what and how often	B. Special activities
Is there an educational program for parents? (1) If yes, describe content and frequency Are parents involved in other ways? (s) If yes, describe	C. Parent education and involvement:

Monitoring Checklist
TTA/7-1-71

VI. PROGRAM (Health and Social Services)

A. Health and Social Service Personnel

Medical and Soc. Service Specialist Associated with program	If yes, Who? Indiv. Agency	# Hrs. Committed Per Month	# Hrs. Spent this Month	Nature of Activities (inquire specifically re visual & auditory screening)
Doctor				
Dentist				
Nurse				
Psychologist				
Speech Therpist				
Social Worker				
Others:				

If above are not now available, indicate plans and timetable:

B. # Medical and dental problems discovered: Medical:______ Dental:__________

What follow up procedures?

# Social Service referrals___________

To whom were referrals made?

C. How is care of the sick child handles:

(1) If he is ill when he arrives?

(2) If he becomes ill at school

D. Is there an isolation room or area?

VII. PROGRAM (Nutrition)

Specify what "meals" are served (breakfast, snacks, lunch) and include sample menus.	A. Food served
Describe food prep. methods (i. e., if brought in, who provides, or prepared on site, etc.)	B. Food preparation
Describe seating plan, whether served individually or family style, etc.	C. Meal time, serving and cleanup
Are any subsidized food programs in use? If yes, what?	D. Subsidies

VIII. ANY ADDITIONAL COMMENTS? (e.g. problems caused by code restrictions, licensing requirements; other problems, and future plans)

PARENT INTERVIEW SCHEDULE

Developed by: Pacific Training & Technical Assistance Corporation
For: "Before" interviews with Center parents

PARENT INTERVIEW SCHEDULE

COVER SHEET

1. Name of Center

(Interviewer: Items not available from application form should be filled in at the end of the interview)

2. Mother's Name____________________ Phone Number__________

3. Address____________________ 4. MNR?__________

5. Marital Status____________________

6. Mother's Current Occupation____________________

7. Mother's Last Previous Job (if not now working)__________

8. Father's Occupation____________________

9. I.____________________ 10. W.____________________

11. Mother's Education (last grade completed)__________

12. Father's Education (last grade completed)__________

13. List of children in household (with ages)__________ __________

__________ __________ __________ __________

__________ __________ __________ __________

14. Other members of household (in addition to parents and children)__________

____

15. Languages spoken____________________

16. Primary language____________________

(To Be Completed by Interviewer)

17. Race or Ethnic Group ______________________________

18. Interviewer comments regarding living situation (condition of home, crowding, toys or books observed, etc):

RECORD OF CONTACTS

Initial call (phone or in person): Date(s) of call(s) ______________________________

Appointment set for: ______________________________

Day ______________ Date ______________ Time ______________

With whom? ______________ Lang. pref. ______________

Appointment refused? _____ Why? ______________

____

Interview(s) Date(s) ______________________________

Time spent ______________________________

Person(s) interviewed ______________________________

☐ Interview completed by ______________________________

19. Comments regarding cooperativeness:

(Interviewer: BEGIN HERE)

20. What are your reasons for needing or using child care?

a. ☐ Working-------->Days and hours____________ Date began________

b. ☐ Training------->Days and hours____________ Date began________

c. ☐ In school------>Days and hours____________ Date began________

d. ☐ Seeking employment---->Any definite prospects?______________

e. ☐ Am at home but child needs the experience: Why?____________

____

f. ☐ Am at home but unable to care for child. Why?______________

____

g. ☐ Other:____

21. >Were you able to
(take this job)
(go into this training program)
(enroll in school)

specifically because your child(ren) are in the Center? a. ☐ Yes b. ☐ No

22. What other child care services have you used? (If none, check here a. ☐ and proceed to question 23).

	Type of Care	For which children? (show ages of all)	When? (previous or current)	Satisfied? +	Okay	-	Comments
b.	☐ Sitter in your home						
c.	☐ Sitter in her home						
d.	☐ Licensed family day care						
e.	☐ Nursery school						
f.	☐ Extended Day Care						
g.	☐ Other						

23. If you had your choice, what type of Child Care service would you pick for your children? ____________________

____

24. Have you had any difficulty securing child care for your child(ren)?

____

____

25. How did you find out about this Center? ____________________

____

26. Do you need child care for any of your children who are not now enrolled in Child Care programs? ________

27. If yes, for which children (show ages) ____________________

28. during what hours? ____________________

29. How far is the Center from your home or work? ____________________

30. How do you now get your child(ren) to the Center? ____________________

31. Is transportation a problem for you? ____________________

32. What does the Center do if your child becomes ill during the day? ________

____

For parents who are working, in training or attending school only:

33. What do you do about child care when your child(ren) becomes ill? ________

____

34. Has this caused any problem (on your job or in your training program)?

____

(Interviewer: Complete a separate page for each child enrolled in the Center under study)

35. Child's Name________________ 36. Age__________ 37. Sex__________

38. Days and Hours of Attendance______________ 39. When Enrolled__________

40. What was your main reason for picking this particular Center?__________

____

Tell me a little about (child's name):

41. Describe some of the things he can do for himself (note details in regard to dressing and feeding):

42. What does he especially like to do (activities and favorite toys)?__________

____

____

43. How does he get along with brothers and sisters (or other children)?_______

____

44. How does he get along with you (or other adults)?__________

____

45. What problems does he have (and/or what problems do you have with him)?

____

46. What do you hope he will learn at the Center?__________

____

47. Have you observed any changes since he's been at the Center?_____ 48. If so, what changes have you observed?__________

49. What does he say about the Center?__________

50. Does he go willingly?_____ 51. Come home happy?_____ 52. How many days has he missed this month?_____ 53. Why?__________

54. In general, would you say he has been healthier, less healthy or about the same since he's been in the Center?__________

____

55. What do you think a good child care center should provide? ____________________
____
____

56. What parts of the educational program do you consider most important? ____
____
____
____

57. In your opinion, what does it take to be a good child care teacher? __________
____
____
____
____

The ______(name)______ Center is supposed to provide all of the things listed on this card (hand interviewee the card), but not everything can get equal attention. If you had to choose, which of these things would you say is the very most important? Which is second? Which is third? Fourth, etc.

	Priority #	Item	Comment, if any
58.		A safe, clean place	
59.		An educational program	
60.		Good teachers	
61.		Health care	
62.		Plenty of good food	
63.		Counseling and guidance for parents	
64.		A chance for parents to help make decisions about running the program.	

Scoring		
a	b	c

How well would you say the center is doing in each of these areas---

65. Would you say it's (a) very safe and clean, (b) pretty safe and clean, or (c) not very safe and clean?

66. Any suggestions for improvements?

67. Are the educ., activities very good, pretty good, or not so good?

68. What part of the program is best?

69. Which part is the weakest?

70. Are the teachers very good, pretty good, or not so good? ("Teachers" includes the Director, teachers and aides)

71. What do you like best about the teachers?

72. What do you like least about the teachers?

73. Do the children get regular check-ups at the Center?

74. Is any help available for medical or dental treatment?

75. Do you think the health care is very good, pretty good, or not so good?

76. What do you think of the food -- is it very good, pretty good or not so good?

77. Does the Center offer any social service program for parents?
a. ☐ Yes b. ☐ No

78. If yes, what do you think of it?

79. If not, what do you think would be helpful?

80. Have you been very involved with the Center?________If yes, how?__________

____

(Probe re number of parent conferences, parent education sessions offered and/or attended, involvement in daily participation, visits, open houses, field trips, involvement in decision-making process)________________

____

8. Do you feel welcome at the Center ? a. ☐ Yes b. ☐ No

82. Do you feel your suggestions are welcome? a. ☐ Yes b. ☐ No

83. Are you kept informed of your child's progress?______How?__________

____

84. Would you like to be more, or less, involved?_____If more, how?__________

____

85. What do you feel that you have learned since your child has been involved in the Center, if anything?________________

____

____

86. What do you like best about the program for your child?__________

____

87. What do you like best about the program for yourself?__________

____

88. Have there been any changes in your life as a result of enrolling your child(ren) in the Center?________If yes, what?__________

____

89. What about the program would you like to see changed?__________

____

90. Any other comments?________________

____

Would you be interested in serving on a Child Care Advisory Committee for the whole Model Cities Child Care Program?__________

(Interviewer: Go back to cover page and fill in any missing information)

FOLLOW-UP PARENT INTERVIEW SCHEDULE

Prepared by: Pacific Training & Technical Assistance Corporation
For: "After" interviews with Center parents

FOLLOW-UP
PARENT INTERVIEW SCHEDULE

Name and Address: Phone Number________

MNR? ________

Interview completed by________________________________

Is your child(ren) still enrolled at the ____________________ Center?

☐ Yes ☐ No

IF YES, PLEASE TURN TO PAGE 3 AND COMPLETE ALL QUESTIONS AS FULLY AS POSSIBLE

IF NO, PLEASE COMPLETE PAGES 1 and 2 ONLY

Thank you!

1. If your child(ren) is no longer at the Center, please list all of the reasons which contributed to your leaving:

A. ☐ I withdrew my child or children because

( ) My situation changed and I no longer need child care
( ) I found a better child care arrangement
( ) I didn't feel the program was good for my child
( ) The program didn't satisfy my needs (due to hours, distance, etc.)
( ) I moved out of the area served by this Center
( ) Other: ____________________

B. ☐ I was asked to withdraw my child or children because

( ) We don't live in the model neighborhood area
( ) The Director said we were not eligible for service
( ) My child was frequently absent or late
( ) The program was too crowded and the space was needed for others
( ) I had a disagreement with the director or staff
( ) Other: ____________________

Please explain each of the checked items as fully as possible:

2. What happened when you left the program?

- ☐ The Director helped me set up other arrangements
- ☐ A staff member helped me arrange other care
- ☐ The Department of Social Services helped my make other arrangements
- ☐ I received no help from the Center or Dept. of Social Services
- ☐ Other: ______________________________

3. Is your child or children now enrolled in another child care program of any type (including a sitter or relative caring for your child)?

- ☐ Yes
- ☐ No

If yes, who is now caring for your child(ren)? ______________________________

____

Do you feel your present arrangement is

- ☐ Better than the previous one?
- ☐ Worse than the previous one?
- ☐ About the same as the previous one?

Why? ______________________________

____

4. Are you now

- ☐ Working?
- ☐ Attending school?
- ☐ Participating in training program?
- ☐ At home full time?

5. Are you in need of any child care services which you are not now receiving?

- ☐ Yes
- ☐ No

If yes, for what age child(ren)? ______________________________

During what hours? ______________________________

What form of care would you prefer? ______________________________

6. Is there any way that you feel Model Cities or the Department of Social Services could (or should) have been more helpful to you?

7. Any other comments?

START HERE for "continuing" families

1. What is your reason for needing child care?
   - ☐ Working ----------------> ☐ Full time, ☐ Part-time
   - ☐ Training for employment --> ☐ Full time, ☐ Part-time
   - ☐ Attending school --------> ☐ Full time, ☐ Part-time
   - ☐ At home but unable to care for child
   - ☐ At home but child needs the experience
   - ☐ Other:

2. Have there been any changes in your employment (or training) status during the past four or five months?
   - ☐ Yes: What?
   - ☐ No

3. If you had your choice of all possible child care programs, what type of service would you pick for your child or children?
   - ☐ A Center like the one your using?
   - ☐ A Center which was better than this one: "Better" in what way?
   - ☐ A part-day program (nursery school or head start)
   - ☐ A sitter in your own home
   - ☐ A sitter in her home
   - ☐ Licensed family day care
   - ☐ Other:

4. Please list the first names and ages of all of your children. Put a star by the ones who are enrolled in the Center:

Name	Age	*	Name	Age	*

5. Have you observed any changes in your child(ren) since they've been in the Center?
   - ☐ Yes: What?
   - ☐ No

6. Do your child(ren) like the program at the Center?
   - ☐ Yes, very much
   - ☐ Yes, pretty well
   - ☐ Some of them do and some don't
   - ☐ No

   Why?

7. In general, would you say your child(ren) have been healthier, less healthy, or about the same, since they've been in the Center?
   - ☐ Healthier
   - ☐ Less healthy
   - ☐ About the same

8. In general, would you say the care your child is receiving at the Center is

( ) Excellent ?
( ) Good ?
( ) Fair ?
( ) Poor ?

Comments:

9. Since we last spoke, would you say the Center is

( ) Better than it was?
( ) Worse than it was then?
( ) About the same as before?

10. Would you say the Center now is

( ) Very safe and clean?
( ) Pretty safe and clean?
( ) Not so safe and clean?

11. How about the educational activities? Are they

( ) Very good?
( ) Pretty good?
( ) Not so good?

12. Does the program run smoothly?

( ) Yes
( ) No

13. Are policies spelled out so that you know what is expected of you?

( ) Yes
( ) No

14. Do you feel the parents have enough, too much, or too little to say about the program?

( ) Enough
( ) Too much
( ) Too little

15. How do you feel about the Director?

16. Do you think there is enough staff for the number of children served?

( ) Yes
( ) No

17. What do you think of the way the staff works with the children?

( ) Are they very good?
( ) Pretty good?
( ) Not so good

18. What about the food--

( ) Is it very good?
( ) Pretty good?
( ) Not so good?

19. Is there a social service program?

( ) Yes
( ) No
( ) Don't know

20. Is there a program of health care?

( ) Yes: What? ________________________
( ) No
( ) Don't know

21. Have you been very involved with the Center?

( ) Yes: How? ________________________
( ) No

22. Would you like to be more, or less, involved?

( ) More: How? ________________________
( ) Less
( ) About the same

23. Do you feel welcome at the Center?

( ) Yes, very
( ) Yes, to some extent
( ) No

24. Do you feel your suggestions are welcome at the Center?

( ) Yes, very
( ) Yes, to some extent
( ) No

25. Are you kept informed of your child's progress?

( ) Yes, regularly
( ) Yes, occasionally (or only if you ask)
( ) No

26. In general, would you say the program is meeting your child's needs?

( ) Yes, very well
( ) Yes, to some extent
( ) No, not really

27. What do you like best about the program for your child or children?

28. Would you say the program is meeting your needs?

( ) Yes, very well
( ) Yes, to some extent
( ) No

29. How would you manage to meet your child care needs if this child care program were not available to you?

( ) Could enroll child in another Center
( ) Would take child to a sitter
( ) Would have relative care for child
( ) Would have to stay home
( ) Other: What?

30. Have there been any changes in the Center since we spoke to you last?

( ) Yes: What?

( ) No

31. What do you consider to be the main problems at the Center?

32. What would you like to see changed or improved?

33. Any other comments?

ST. MARK
PARENT QUESTIONNAIRE

Prepared by: Pacific Training & Technical Assistance Corporation
For interviews with user parents participating in the St. Mark
Family Day Care program

Prepared in English & Spanish

St. Mark Family Day Care Program

PARENT QUESTIONNAIRE

USERS Name
Address
Phone #

MNR? ________

NAME OF PROVIDER: ____________________

NAMES AND AGES OF CHILDREN ENROLLED: ____________________

Interview completed by ____________________

Are you still participating in the St. Mark Family Day Care Program?

○ Yes ○ No

IF YES, PLEASE TURN TO PAGE 3 AND COMPLETE ALL QUESTIONS AS FULLY AS POSSIBLE

IF NO, PLEASE COMPLETE PAGES 1 AND 2 ONLY

Thank you

If you are no longer in the Program, please list all of the reasons which contributed to your leaving:

- ( ) My situation changed and I no longer need child care
- ( ) I found a better child care arrangement
- ( ) I didn't feel the program was good for my child
- ( ) The program didn't satisfy my needs
- ( ) I moved out of the area served by this program
- ( ) I was dissatisfied with the ( ) Director, ( ) staff, ( ) provider
- ( ) Other: ____________________

Please explain each of your reasons for leaving as fully as possible:

PTTA/2-72

1. In general, what did you think of the St. Mark Family Day Care Program?
   ( ) Very good
   ( ) Pretty good
   ( ) Not so good

   Why?____

   ____

2. What happened when you left the program--

   Did you notify anyone that you were leaving? ______

   If yes: Who? __________________________________

   Was any effort made to arrange other child care services for you?_________

   If yes: Who tried to help?____________________________

   What alternatives were offered?______________________

   ____

3. Is your child (or children) now receiving child care of any type?_________

   If yes: Who is now caring for your child (or children)?______________

   ____

   Do you feel your present arrangement is
   ( ) Better than the St. Mark Program?
   ( ) Worse than the St. Mark Program?
   ( ) About the same as the St. Mark Program?

   Why?______________________________________

   ____

4. Are you now:
   ( ) Working?
   ( ) Attending school?
   ( ) In a training program?
   ( ) At home full time?

5. Do you need any child care services that you are not now receiving?_______

   If yes: For what age child(ren)?________________________

   During what hours?______________________________

   What form of care would you prefer?___________________

6. Is there any way that you feel the St. Mark staff, Model Cities or the Department of Social Services could (or should) have been more helpful to you?

7. Any other comments?

For "terminated" families
PTTA/2-72

START HERE for families currently enrolled in St. Mark Program

- - - - - - - - - - - -

Instructions: Please begin with question #1 and answer every question as frankly and accurately as possible. All of your replies will be treated confidentially. Thank you.

1. Please check your reason for needing child care:
   - ( ) Working
   - ( ) Training for employment
   - ( ) Attending school
   - ( ) Ill-health
   - ( ) Other: What?______________________________

2. Were you specifically able to take this job (or enroll in school or training) because this child care program was available to you?
   - ( ) Yes
   - ( ) No

3. Please fill in the chart below, showing what forms of child care you have used and whether you felt that it was very good, pretty good or not so good:

Types of care used (Check as many as necessary)	Rating		
	Very good	Pretty good	Not so good
( ) Sitter in your home			
( ) Sitter in her home			
( ) Licensed family day care			
( ) Nursery school			
( ) Head Start			
( ) Child care center			
( ) Other: What?			

4. If you had your choice, what type of child care service would you prefer?
   - ( ) Sitter in your home
   - ( ) Sitter in her home
   - ( ) Licensed family day care
   - ( ) Nursery school
   - ( ) Child care center
   - ( ) Other: What?______________________________

5. How did you find out about the St. Mark Family Day Care program?____________

   ____

6. How far is the provider's home from your home or job?________________

   How do you usually get your child(ren) to the provider's home?____________

   Is transportation a problem for you?________________________

7. What do you do about child care if your child(ren) becomes ill?________________

____

Has this caused any problem on your job or in your training program?__________

8. What do you think a good child care program should provide?________________

____

____

____

9. In general, would you say the care your child is now receiving is
( ) about what you expected?
( ) better than you expected?
( ) worse than you expected?

10. Would you say the provider's home is
( ) very safe and clean?
( ) pretty safe and clean?
( ) not so safe and clean?

11. Are the educational activities offered
( ) very good?
( ) pretty good?
( ) not so good?

12. What do you think of the way the provider works with the children?
( ) Is she very good?
( ) Is she pretty good?
Why?____

____

13. What do you think of the food?
( ) very good?
( ) pretty good?
( ) not so good?

14. How does your child feel about the program:

Does he go willingly?________________________________

Does he come home happy?____________________________

Is he having any problems?___________________________

What does he say about the program?__________________

15. In general, would you say he has been
( ) healthier?
( ) less healthy?
( ) about the same?

16. Have you observed any other changes in your child (or children)?__________

If yes, what changes have you observed?_______________________

____

17. Do you feel welcome at the provider's home?
    ( ) Yes
    ( ) No

18. Do you feel your suggestions are welcome?
    ( ) Yes
    ( ) No

19. Are you kept informed of your child's progress?
    ( ) Yes, regularly
    ( ) Yes, occasionally
    ( ) No

20. What do you like best about the program for your child? ____________________

____

21. What do you like best about the program for yourself? ____________________

____

22. Have there been any changes in your life as a result of enrolling your child in the program? __________
If yes, what? ____

____

23. Is there anything about the program that is creating problems for you or your child? __________ If yes, please describe:

____

____

____

24. What changes or improvements would you suggest?

____

____

____

25. Any other comments?

CUESTIONARIO de PADRES

Nombre del Proveedor: ______________________________

Nombre de Padres usando cuidado infantil: ______________________________

Nombres y edades de niños registrados ______________________________

Instrucciones: Por favor empieze con pregunta #1 y conteste cada pregunta francamente y tan exacta como sea posible. Todas sus respuestas seran tratadas confidencialmente. Gracias.

1. Por favor indice la razon por la cual necesita cuidado de ninos:
   - ( ) Trabajo
   - ( ) Entrenamiento para empleo
   - ( ) Asistiendo en escuela
   - ( ) Enfermedad-salud
   - ( ) Otra: Que? ______________________________

2. ¿Especificamente pudo ud. obtener este trabajo (o registrarse en la escuela o entrenamiento) porgue este programa de cuidado infantil esta a su disposicion?
   - ( ) Si
   - ( ) No

3. Por favor llene esta carta de informacion, indicando que tipos de cuidado infantil y si UD. siente que eran muy buenos, algo buenos o no muy buenos:

Tipos de cuidado usado (indice tantas como sea necesario)	Grado		
	Muy bueno	algo bueno	no muy bueno
( ) Sitter en su casa			
( ) Sitter en la casa de ella			
( ) Cuidad infantil licenciado			
( ) Nursery school			
( ) Head start			
( ) Centro de cuidado infantil			
( ) Otro: Que?			

4. Si ud. puede escoger, que tipo de cuidado infantil prefiere?
( ) Sitter en su casa
( ) Sitter en casa de ella
( ) Cuidad infantil licenciado
( ) Nursery school
( ) Centro de cuidado infantil
( ) Otro: Que? ____________________

5. ¿Como se informo de el cuidado diario infantil en St. Mark? ____________________
____

6. ¿Que distante esta la casa del proveedor de su casa o trabajo? ____________________
____

¿Usualmente como lleva sus ninos a la casa del proveedor? ____________________

¿Es transportacion un problema? ____________________

7. ¿Que hace si su niño se enforma? ____________________
____

8. ¿Que siente ud. que debe proveer un buen porgrama de cuidado infantil? ____________________
____
____
____

9. ¿Generalmente, cree ud. que el cuidado que su niño recibe es
( ) Lo que esperaba?
( ) Mesor de lo que esperaba?
( ) Peor de lo que esperaba?

10. ¿Cree que la casa del proveedor es
( ) Muy segura y limpia?
( ) Algo segura y limpia?

11. ¿Las actividades ofrecidas son
( ) Muy buenas?
( ) Algo buenas?
( ) No muy buenas?

12. ¿Que opina UD. de la manera de la proveedora trabaja con los niños?
( ) Es muy buena?
( ) Es algo buena?
Porque? ____________________
____

13. ¿Que piensa de la comida?
( ) Muy buena?
( ) Algo buena?
( ) No muy buena?

14. ¿Como se siente su niño de el programa:
Se va voluntariamente? ____________________
Regresa a casa contento? ____________________
Tiene algun problema? ____________________
Que dice del programa? ____________________

15. ¿En general, diria ud. que es
( ) Mas saludable?
( ) Menos saludable?
( ) igual?

16. ¿Ha observado algunos cambios en su niño (o niños)? ____________________
Si? ¿Que cambios ha observado? ____________________
____

17. ¿Se siente bien recibida en casa del proveedor?
( ) Si
( ) No

18. ¿Siente que sus sugerencias son bien recibidas?
( ) Si
( ) No

19. ¿Le informan de el progreso de su niño?
( ) Si, regularmente
( ) Si, ocacionalmente
( ) No

20. ¿Que le gusta de el programa para su niño? ____________________
____

21. ¿Que le gusta de el programa para UD.? ____________________
____

22. ¿Ha tenido cambios en su vida a resultad de registrado de su niño en el programa?
____
Si? Que? ____________________
____

23. ¿Hay algo en el programa que esta creando problemas para UD. o su niño? ____________________
Si? Por favor describa: ____________________
____
____

24. ¿Que cambios o mejoramiento suguiere? ______________________________

____

____

25. Comentos: ______________________________

____

____

STAFF
QUESTIONNAIRES

CENTERS

Prepared by: Pacific Training & Technical Assistance Corporation
For distribution to Center staff members

Prepared in English and Spanish

PTTA/1o-71

Evaluation Study
STAFF QUESTIONNAIRE

NAME OF CENTER:

FACTUAL INFORMATION
(Required by Model Cities)

NAME ______________________ SEX ________ BIRTHDATE ____________

ADDRESS ______________________ CITY __________ ZIP __________

PHONE NUMBER ______________ ETHNIC ORIGIN ________________

MODEL NEIGHBORHOOD RESIDENT? _____ WHICH NEIGHBORHOOD? ______________

HOW LONG AT THIS ADDRESS? ____ SOCIAL SECURITY NUMBER ______________

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

HOUSEHOLD STRUCTURE: ☐ Head of household, ☐ Living with spouse ☐ Living with parents, ☐ Living alone

DEPENDENTS: ☐ Self ☐ Spouse ☐ Children ☐ Parents ☐ Other
Total number of dependents ______________

EDUCATION: Number of years of schooling completed (please circle):
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Degrees ______________________
Number of child development (or related) units: ______________
Special training programs completed?
☐ Yes ☐ No If yes, please describe: ______________

____

Are you currently enrolled in any school or training program?
☐ Yes ☐ No If yes, please describe: ______________

____

LANGUAGES: What languages do you write? ______________
What languages do you read? ______________
What languages do you speaK? ______________
(Indicate G-good, F-fair, or P-poor after each)

Staff Questionnaire
PTTA/ 10-71

NAME OF CENTER:

EMPLOYMENT:

Best previous job ____________________
Dates ____________________ Salary ____________________

Last previous job ____________________
Dates ____________________ Salary ____________________

Current job title ____________________

Current job status: ☐ Temporary ☐ Permanent

How long have you been employed at this Center? ____________________

How long have you been employed in this position? ____________________

What are your responsibilities as a staff member? ____________________
____
____

What age group do you work with? ____________________

Have any of the following interfered with your employment opportunities

- ☐ Health problems: If handicapped, please specify: ____________________
- ☐ Insufficient education or training
- ☐ Lack of child care
- ☐ Transportation problems
- ☐ Other: Please specify: ____________________
- ☐ Have not had difficulties in securing employment

What expectations do you have for promotion? ____________________
____

TB Test:

Have you had a TB test within the last year? ☐ Yes ☐ No

Is there a written report of the TB test result on file at the Center? ☐ Yes ☐ No

Staff Questionnaire
PTTA/ 10-71

WORKING CONDITIONS

HIRING PRACTICES:

1. How did you hear about this job? ______________________
2. Did you feel the screening process was a fair one? ☐ Yes ☐ No
3. Were you given a clear picture of what your responsibilities would be? ☐ Yes ☐ No
4. Comments: ______________________

____

SALARY:

1. What is your present salary (rate per month)? ______________
2. Do you consider your salary to be ☐ Excellent ☐ Fair ☐ Poor
3. Are you paid, or given compensatory time off, for overtime?
   ☐ paid ☐ compensatory time off ☐ neither
4. Comments: ______________________

____

BENEFITS:

1. What fringe benefits do you now receive?
   - ☐ Paid sick leave
   - ☐ Paid vacations. How many weeks per year? ________
   - ☐ Health plan or medical care
   - ☐ Dental care
   - ☐ Paid training time
   - ☐ Free child care for your children
   - ☐ Other: ______________________
2. How would you rate these benefits? ☐ Excellent ☐ Fair ☐ Poor
3. What other benefits, if any, do you feel you should receive? _____

____

HOURS:

1. How many hours do you work each week? ______________
2. Are you satisfied with your working hours? ☐ Satisfied ☐ Not sat.
3. If not satisfied, how would you like your hours adjusted? ______

____

____

SUPERVISION:

Who supervises you? ____________________

Do you feel that you receive ☐ enough ☐ too much ☐ too little supervision?

Do you find the supervision helpful?
☐ Very helpful ☐ Somewhat helpful ☐ Not very helpful

Comments: ____________________

____

STAFF MEETINGS:

1. How often are staff meetings held? ____________________
2. Do you think this is sufficient?
   ☐ Yes ☐ No ☐ More than needed
3. Do you find the staff meetings helpful?
   ☐ Very helpful ☐ Somewhat helpful ☐ Not very helpful
4. Comments: ____________________

____

STAFF RELATIONS:

1. In general, how would you say that staff members get along with each other?
   ☐ Very well ☐ Pretty well ☐ Not so well
2. If there are difficulties, what would you suggest to improve the situation? ____________________

____

TRAINING:

1. Did you receive any pre-service training provided by the Center?
   ☐ Yes ☐ No If yes, what did it consist of?

   Did you find it helpful?
   ☐ Very helpful ☐ Somewhat helpful ☐ Not so helpful
2. Are you now receiving any on-the-job training?
   ☐ Yes ☐ No If yes, what does it consist of?

   How would you rate it?
   ☐ Very good ☐ Pretty good ☐ Not so good

3. Are you now going to college?
☐ Yes ☐ No   If yes, does the Center pay you for the time you are in school? ____________

Does it pay your tuition?   Books?
☐ Yes ☐ No   ☐ Yes ☐ No

Have you any suggestions for improving the training program? ____________

____

ADMINISTRATION:

1. Do you think the program generally runs smoothly? ☐ Yes ☐ No
2. Are decisions about the program made efficiently? ☐ Yes ☐ No
3. Are administrative policies and procedures spelled out clearly so that you know what is expected of you? ☐ Yes ☐ No
4. Do you feel that the Administration is responsive to your suggestions and recommendations? ☐ Yes ☐ No
5. Does staff have enough, too much, or too little to say about the program? ☐ Enough ☐ Too much ☐ Too little
6. Are there changes you would like to see in the administrative procedures?
What? ____________________________________

____

____

GENERAL COMMENTS:

1. What do you like best about your job? ____________

____

____

2. What do you like least about your job? ____________

____

____

3. What improvements would you like to see in your working conditions?

____

____

____

ACTIVITIES

1. Describe what you do in a typical day, beginning with the time you arrive at the Center:

2. Can you estimate the proportion of your time spent on each of these activities in the course of one week:

ACTIVITY	PROPORTION OF TIME (estimated)
Working directly with the children	
Preparing materials	
Meeting or talking with parents	
In staff meetings	
In Center-connected training sessions	
Meeting with supervisor(s)	
Telephoning and paper work	
Out of Center activities (PR, meetings, etc.)	
Other: What?__________	

3. Are there any changes that you would like to make in the way you spend your time?__________ If yes, what?__________

PROGRAM

Each of the Centers is supposed to provide all of the things listed below, but not everything can get equal attention. If you were making the decisions, which of these things would you say is the very most important? Which is second? Which is third? Fourth, etc. (Show priority numbers 1 through 7)

PRIORITY NUMBER	ITEM	COMMENTS, IF ANY
	A safe, clean place	
	An educational program	
	Good teachers	
	Health care	
	Plenty of good food	
	Counseling and guidance for parents	
	A chance for parents to help make decisions about running the program	

In your opinion, what does it take to be a good child care teacher?

What do you think a good educational program should include?

What are your goals in working with the children?

What behaviors do you encourage?

What behaviors do you discourage?

How do you note a child's progress?

When and how do you communicate with parents about a child's progress?

How well would you say the Center is doing in each of the following areas? (Please rate each item in the column at right and add your comments below):

	RATINGS
1. Safety → Comments and suggestions:	☐ Very safe ☐ Pretty safe ☐ Not so safe
2. Cleanliness → Comments and suggestions:	☐ Very clean ☐ Pretty clean ☐ Not so clean
3. Equipment: →	☐ Very good ☐ Adequate ☐ Inadequate
4. Educational programs: → Which parts of the educational program are best? Which parts are weakest?	☐ Very good ☐ Pretty good ☐ Not so good
5. Staff: Director →	☐ Excellent ☐ Good ☐ Fair
Teachers and Aides →	☐ Excellent ☐ Good ☐ Fair
Volunteers →	☐ Excellent ☐ Good ☐ Fair
Do you think there is enough teaching staff for the number of children served? → Comments about staff:	☐ Enough ☐ Not enough
6. Health care → Comments:	☐ Good ☐ Fair ☐ Poor ☐ No health program
7. Food → Comments and suggestions:	☐ Very good ☐ Pretty good ☐ Not so good

8. Does the Center offer any programs for parents (eg, parent education or social services)?

☐ Yes ☐ No

If yes, what are they? ______________________________

How would you rate the parent programs?

☐ Good ☐ Fair ☐ Poor

Comments and suggestions: ______________________________

9. Do you think the Center expects too much or too little of parents?

☐ Too much ☐ Too little ☐ Just about enough

Do you think the parents are aware of what is expected of them? ☐ Yes ☐ No

10. To what extent do you think parents are involved in making decisions about the Center?

☐ A little ☐ A lot ☐ Not at all

Do you feel that parents have too much control, not enough control, or just the right amount of control over the operation of the program?

☐ Enough ☐ Too much ☐ Too little

Comments and suggestions: ______________________________

11. What do you think of parents being involved as staff members in the Center?

☐ Helpful ☐ Harmful ☐ Neither helpful nor harmful

12. What do you think parents need from a child care center? ______________________________

Is the Center meeting these needs? ☐ Very well ☐ To some extent ☐ No

If the Center is not completely meeting the parents' needs, how could the Center better meet these needs? ______________________________

13. What do you see as the primary need of the children you serve? ____________________

Do you think the Center is meeting the needs of the children?

☐ Yes, very well ☐ Yes, to some extent ☐ No, not really

If the Center is not meeting the children's needs, what could be done to improve the situation? ____________________

14. What kinds of child care do you think the community needs most? ____________________

Do you think the Center is meeting the community's needs? ☐ Yes ☐ No

15. What have you gained since you have been working at the Center? ____________________

16. What do you like best about the program? ____________________

17. What do you like least about the program? ____________________

18. What changes and/or improvements would you recommend? ____________________

19. Any other comments? ____________________

Estudio de Evaluacion

CUESTIONARIO DE PERSONAL

NOMBRE DEL CENTRO:

INFORMACION ACTUAL

(Requerido Por Ciudad Modelo)

NOMBRE________________________ SEXO____ FECHA DE NACIMIENTO__________

DOMICILIO______________________ CIUDAD________________ ZIP__________

NUMERO DE TELEFONO______________ NACIONALIDAD________________

¿RESIDENTE DE VECINDARIO MODELO?______ ¿QUE VECINDARIO?____________

¿CUANTO TIEMPO EN ESTE DOMICILIO?________ NUMERO DE SEGURO SOCIAL_______________

CONDICION MATRIMONIAL: ☐ Soltero(a) ☐ Casado(a) ☐ Divorciado(a) ☐ Viudo(a) ☐ Separado(a)

ESTRUCTURA FAMILIAR: ☐ Jefe De Casa ☐ Viviendo con esposo(a) ☐ Viviendo con padres ☐ Viviendo solo

DEPENDIENTES: ☐ Solo ☐ Esposo(a) ☐ Niños ☐ Padres ☐ Otro

Total numero de dependientes____________________

EDUCACION: Numero de años de escuela completados (por favor circule)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Diplomas

Cantidad de unidades en desarollo infantil (o relacionado)____________

¿Entrenamiento en programas especiales?

☐ Si ☐ No Si?Por favor describa:____________

¿Esta actualmente matriculado en una escuela o programa de entrenamiento?

☐ Si ☐ No Si?por favor describa:____________

IDIOMAS: ¿Que idiomas escribe?____________

¿Que idiomas lee?____________

¿Que idiomas habla?____________

(indice B-Bien, M-Mediano, o P-Poco despues de cada uno)

EMPLEO:

EL Mejor trabajo previo ____________________

Fechas ____________________ Salario ____________________

EL ultimo trabajo ____________________

Fechas ____________________ Salario ____________________

Trabajo actual ____________________

Condicion de trabajo actual: ☐ Temporal ☐ Permanente

¿Cuanto tiempo a estado empleado en este centro? ____________________

¿Cuanto tiempo a estado empleado en ésta posicion? ____________________

¿Que son sus responsabilidades como miembro del personal? ____________________

____

____

¿Que es la edad del grupo con que ud. trabaja? ____________________

¿Han intervenido las siquientes con sus oportunidades de empleo?

☐ Problemas de salud: si incapacitado, por favor especifice: ____________________

____

☐ Insuficiente educacion o entreniamento

☐ Falta de cuidado para Los ninos

☐ Problemas de transportacion

☐ Otro: Favor especifice ____________________

____

☐ No he tenido dificultades en obteniendo empleo

¿Que esperanzas tiene para promocion? ____________________

____

Examen de TB:

¿Ha tenido un examen de TB en el ultimo ano? ☐ Si ☐ No

¿Hay un reporte en escrito de el resultado de su examen de TB en los archivos del Centro? ☐ Si ☐ No

CONDICION DE TRABAJO

PRACTICAS DE EMPLEO:

1. ¿Como se interó de éste trabajo? ____________________
2. ¿Siente que el proceso de seleccion fue justo? ☐ Si ☐ No
3. ¿Le explicaron claramente sus obligaciones? ☐ Si ☐ No
4. ¿Comentos: ____________________

____

SALARIO:

1. ¿Que es su salario actual (mensual)? ____________________
2. ¿Considera su salario ☐ Excelente ☐ Mediano ☐ Poco
3. ¿Le pagan o le dan dias compensatorios por trabajar en exceso de horas regulares?
☐ pagado ☐ tiempo compesatorio ☐ ninguno
4. Comentos: ____________________

____

BENEFICIOS:

1. ¿Que beneficios recibe?
☐ Pago por enfermidad. ¿Cuantas semanas por año? ____________________
☐ Vacacion pagada
☐ Plan medico
☐ Cuidado dental
☐ Tiempo pagado para entrenamiento
☐ Cuidado gratis para los niños
☐ Otro: ____________________
2. ¿Que valor le da a estos beneficios? ☐ Excelente ☐ Mediano ☐ Poco
3. ¿Que otros beneficios creé que debe recibir? ____________________

____

HORAS:

1. ¿Cuantas horas trabaja por semana? ____________________
2. ¿Esta satisfecho con sus horas de trabajo? ☐ Satisfecho ☐ No sat.
3. ¿Si no ésta satisfecho, como quisiera ver sus horas ajustadas? ____________________

____

____

SUPERINTENDENCIA:

¿Quien lo supervisa? ____________________

¿Siente que recibe superintendencia? ☐ bastante ☐ mucha ☐ poca

¿Encuentra esta superintendencia util?
☐ muy util ☐ algo util ☐ no muy util

Comentos: ____________________

____

REUNIONES DE PERSONAL:

1. ¿Con que frequencia tiene reuniones de personal? ____________________
2. ¿Creé que es suficiente? ☐ Si ☐ No ☐ Demasiado
3. ¿Encuentro las reuniones de personal util?
   ☐ Muy util ☐ Algo util ☐ No muy util
4. Commentos: ____________________

____

RELACIONES DE PERSONAL:

1. ¿En general, como congenian los miembros del personal?
   ☐ Muy bien ☐ Algo bien ☐ No muy bien
2. ¿Si hay dificultades, que sugiere para mejorar la situacion? ____________________

____

ENTRENAMIENTO:

1. ¿Al ser empleado, recibio algun entrenamiento proveido por el Centro?

   ☐ Si ☐ No ☐ ¿Si? ¿de que consistio?

   Lo encontro util?

   ☐ Muy util ☐ Algo util ☐ No muy util
2. ¿Esta recibiendo entrenamiento actualmente?

   ☐ Si ☐ No Si? De que consiste?

¿Que valor le da?

☐ Muy Bueno ☐ Algo bueno ☐ No muy bueno

3. ¿ Esta en colegio?

☐ si ☐ no Si, paga el centro por el tiempo que esta en la escuela? ________________

Paga por su matriculacion? ☐ si ☐ no

Libros: ☐ si ☐ no

Tiene sugerencias para mejorar el programa de entrenamiento? ____________

____

ADMINISTRACION:

1. Siente que el programa generalmente se maneja bien? ☐ si ☐ no

2. Se hacen has decisiones del programa eficientemente? ☐ si ☐ no

3. Son los policas y prosedimientos administrativos detallados claramente con el fin de que sabe lo que esperen de ud. ☐ si ☐ no

4. Siente que la administracion responde a sus sugeriencias y recomendaciones? ☐ si ☐ no

5. Tiene el personal suficiente, mucha, muy poca voz a cerca del programa? ☐ suficiente ☐ mucho ☐ muy poco

6. Hay cambios que quisiera ver en los prosedimientos administrativos?

Que? ____

____

____

COMENTOS GENERALES:

1. Que la gusta mas de su trabajo? ________________________________

____

2. Que es lo que menos le gusta de su trabajo? ______________________

____

3. Que mejoramientos quisiera ver en las condiciones de su trabajo?

____

ACTIVIDADES

1. Describa lo que hace en un dia, empezando con la hora que llega al Centro:

____

____

____

____

____

____

____

2. Puede calcular que proporcion de tiempo dedica para cada una de estas actividades en el curso de una semana:

ACTIVIDAD	PROPORCION DE TIEMPO (Estimado)
Trabajando directamente con ninos	
Preparacion de material	
Reuniones con padres	
Reuniones de personal	
Reuniones con supervisor (es)	
Telefono y escritura	
Reuniones afuera del Centro	
Otro: ¿Que ?__________________	

3. ¿Hay algun cambio que quisiera ver en relacion con su tiempo?______________

______________________________ Si ¿Que?______________________________

____

____

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Cada Centro debe proveer las coss en ésta lista, pero se puede dar la misma atencion a todas. Si ud pudiera hacer las decisiones, cuales de éstas cosas siente que es lo mas importante? ¿Segundo? ¿Tercero? ¿Cuanto? etc. (Demuestre prelacion con numeros 1 a 7)

NUMERO DE PRELACION	ARTICULO	COMENTOS, SI HAY
	Un lugar seguro y limpio	
	Un programa educacional	
	Maestros buenos	
	Atencion medica	
	Bastante comida buena	
	Consejos y guiansa para los padres	
	Una oportunidad para que los padres pueda hacer desiciones en el programa	

¿En su opinion, que se requiere para ser un buen maestro de cuidado infantil ?

¿Que debe incluir un buen programa educacional?

¿Cuales son sus metas en su trabajo con niños?

¿Que comportamientos anima ud ?

¿Que comportamientos desanima?

¿En que manera nota ud. el progreso de los niños?

¿Cuando y como se comunica con los padres acerca del progreso del niño?

¿Que tan bien esta haciendo el Centro en lo siguiente?
(Evalue cada articulo en la columna a la derecha y agrege comentos abajo):

	Evaluacion
1. Seguridad: → (Comentos y sugerencias):	( ) Muy seguro ( ) Algo seguro ( ) No muy seguro
2. Limpieza: → (Comentos y sugerencias):	( ) Muy limpio ( ) Algo limpio ( ) No muy limpio
3. Equipo: →	( ) Muy bueno ( ) Algo bueno ( ) Inadecuado
4. Programa Educacionales: → ¿Que partes del programa educacional son los mejores? Cuales partes son las mas debil?	( ) Muy bueno ( ) Algo bueno ( ) No muy bueno
5. Personal: Director →	( ) Excelente ( ) Bueno ( ) Mediano
Maestros y ayudantes →	( ) Excelente ( ) Bueno ( ) Mediano
Voluntarios →	( ) Excelente ( ) Bueno ( ) Mediano
¿Siente que hay suficiente personal de ensenansa para el numero de niños?	( ) Suficiente ( ) Insuficiente
Comento acerca del personal	
6. Atencion medica: → Comentos:	( ) Bueno ( ) Mediano ( ) Poco
7. Comida: → Comentos y sugerencias	( ) Muy bueno ( ) Algo bueno ( ) No muy bueno

8. ¿Ofrece el Centro programas para los padres (Educacion para padres servicios, sociales)?
( ) Si ( ) No

Si? ¿Que son? ______________________________
____
____

¿Como evalua los programas de Padres?
( ) Buenos ( ) Medianos ( ) Podres

Comentos y sugerencias______________________________
____
____

9. ¿Siente que el Centro demando demasiado o muy poco de los padres?
( ) Demasiado ( ) Muy poco ( ) Suficiente

Siente que los padres estan al tanto de lo que esperan de ellos?
( ) Si ( ) No

10. ¿A que punto siente ud. que los padres participan en decisiones del Centro?
( ) Poco ( ) Mucho ( ) Nada

¿Siente que los padres tienen mucho control, no bastante control, suficiente control, sobre la operacion del programa?
( ) Bastante ( ) Demasiado ( ) Poco

Comentos y sugerencias:______________________________
____
____
____

11. ¿Creé que los padres deben ser activos miembros del personal?
( ) Util ( ) Dañoso ( ) Ni util ni dañoso

12. ¿Que siente ud. que los padres necesitan del centro infantil?
____
____
____

¿Ésta el Centro alcansando estas necesidades?
( ) Muy bien ( ) Hasta cierto punto ( ) No
¿Si el Centro no ésta alcansando las necesidades de los padres, como puede alcansar éstas necesidades?______________________________
____
____
____

13. ¿Que creé ud. que es la primaria necesidad de los niños que ud. sirve?

¿Siente que el Centro esta alcansando las necesidades de los niños?
( ) Si, muy bien ( ) Si, a cierto punto ( ) No

Si el Centro no esta alcansando las necesidades de los niños, Que se pueda hacer para mejorar la situacion?

14. ¿Que clase de cuidado infantil siente ud. que la comunidad necesita?

¿Siente que el Centro esta alcansando la necesidad de la comunidad?
( ) Si ( ) No

15. ¿Que ganancia ha tenido ud. desde que empezo a trabajar en el Centro?

16. ¿Que el lo que le gusta mas del programa?

17. ¿Ques es lo que menos le gusta del programa?

18. ¿Que cambios y/o mejoramientos recomienda?

19. ¿Alqun otro comento?

STAFF
QUESTIONNAIRE

ST. MARK
ADMINISTRATIVE FORM

Prepared by: Pacific Training & Technical Assistance Corporation
Pages 6-8 adapted for St. Mark Administrative Staff

PTTA/lo-71

Evaluation Study
STAFF QUESTIONNAIRE

NAME OF CENTER:

FACTUAL INFORMATION
(Required by Model Cities)

NAME ______________________ SEX ________ BIRTHDATE ____________

ADDRESS ______________________ CITY __________ ZIP __________

PHONE NUMBER ______________ ETHNIC ORIGIN ______________________

MODEL NEIGHBORHOOD RESIDENT? _____ WHICH NEIGHBORHOOD? ______________

HOW LONG AT THIS ADDRESS? _____ SOCIAL SECURITY NUMBER ______________

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated
☐ Widowed

HOUSEHOLD STRUCTURE: ☐ Head of household, ☐ Living with spouse
☐ Living with parents, ☐ Living alone

DEPENDENTS: ☐ Self ☐ Spouse ☐ Children ☐ Parents ☐ Other
Total number of dependents ____________

EDUCATION: Number of years of schooling completed(please circle):
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

Degrees ______________________
Number of child development (or related) units: __________
Special training programs completed?
☐ Yes ☐ No If yes, please describe: ______________

____

Are you currently enrolled in any school or training program?
☐ Yes ☐ No If yes, please describe: ______________

____

LANGUAGES: What languages do you write? ______________________
What languages do you read? ______________________
What languages do you speaK? ______________________
(Indicate G-good, F-fair, or P-poor after each)

EMPLOYMENT:

Best previous job ____________________
Dates ____________________ Salary ____________

Last previous job ____________________
Dates ____________________ Salary ____________

Current job title ____________________

Current job status: ☐ Temporary ☐ Permanent

How long have you been employed in this program? ____________

How long have you been employed in this position? ____________

Have any of the following interfered with your employment opportunities

☐ Health problems: If handicapped, please specify: ____
____

☐ Insufficient education or training
☐ Lack of child care
☐ Transportation problems
☐ Other: Please specify: ____________________
____
☐ Have not had difficulties in securing employment

What expectations do you have for promotion? ____________
____

TB Test:

Have you had a TB test within the last year? ☐ Yes ☐ No

Is there a written report of the TB test result on file?
☐ Yes ☐ No

WORKING CONDITIONS

HIRING PRACTICES:

1. How did you hear about this job? ______________________

2. Did you feel the screening process was a fair one? ☐ Yes ☐ No

3. Were you given a clear picture of what your responsibilities would be? ☐ Yes ☐ No

4. Comments: ______________________

____

SALARY:

1. What is your present salary (rate per month)? ______________

2. Do you consider your salary to be ☐ Excellent ☐ Fair ☐ Poor

3. Are you paid, or given compensatory time off, for overtime?
☐ paid ☐ compensatory time off ☐ neither

4. Comments: ______________________

____

BENEFITS:

1. What fringe benefits do you now receive?
   - ☐ Paid sick leave
   - ☐ Paid vacations. How many weeks per year? ________
   - ☐ Health plan or medical care
   - ☐ Dental care
   - ☐ Paid training time
   - ☐ Free child care for your children
   - ☐ Other: ______________________

2. How would you rate these benefits? ☐ Excellent ☐ Fair ☐ Poor

3. What other benefits, if any, do you feel you should receive? ____

____

HOURS:

1. How many hours do you work each week? ____________

2. Are you satisfied with your working hours? ☐ Satisfied ☐ Not sat.

3. If not satisfied, how would you like your hours adjusted? ______

____

____

SUPERVISION:

Who supervises you? ______________________________

Do you feel that you receive ☐ enough ☐ too much ☐ too little supervision?

Do you find the supervision helpful?
☐ Very helpful ☐ Somewhat helpful ☐ Not very helpful

Comments: ______________________________

____

STAFF MEETINGS:

1. How often are staff meetings held? ______________________________

2. Do you think this is sufficient?
☐ Yes ☐ No ☐ More than needed

3. Do you find the staff meetings helpful?
☐ Very helpful ☐ Somewhat helpful ☐ Not very helpful

4. Comments: ______________________________

____

STAFF RELATIONS:

1. In general, how would you say that staff members get along with each other?
☐ Very well ☐ Pretty well ☐ Not so well

2. If there are difficulties, what would you suggest to improve the situation? ______________________________

____

TRAINING:

1. Did you receive any pre-service training?
☐ Yes ☐ No If yes, what did it consist of?

Did you find it helpful?
☐ Very helpful ☐ Somewhat helpful ☐ Not so helpful

2. Are you now receiving any on-the-job training?
☐ Yes ☐ No If yes, what does it consist of?

How would you rate it?
☐ Very good ☐ Pretty good ☐ Not so good

3. Are you now going to college?
☐ Yes ☐ No If yes, does the Center pay you for the time you are in school? __________

Does it pay your tuition? ☐ Yes ☐ No
Books? ☐ Yes ☐ No

Have you any suggestions for improving the training program? __________

____

ADMINISTRATION:

1. Do you think the program generally runs smoothly? ☐ Yes ☐ No
2. Are decisions about the program made efficiently? ☐ Yes ☐ No
3. Are administrative policies and procedures spelled out clearly so that you know what is expected of you? ☐ Yes ☐ No
4. Do you feel that the Administration is responsive to your suggestions and recommendations? ☐ Yes ☐ No
5. Does staff have enough, too much, or too little to say about the program? ☐ Enough ☐ Too much ☐ Too little
6. Are there changes you would like to see in the administrative procedures?
What? __________

____

____

GENERAL COMMENTS:

1. What do you like best about your job? __________

____

____

2. What do you like least about your job? __________

____

____

3. What improvements would you like to see in your working conditions?

____

____

____

Staff Questionnaire
PTTA/ 12/71

ACTIVITIES

1. Please describe your general responsibilities and the nature of the work you perform:

2. Can you estimate the proportion of your time spent on each of these activities in the course of one week:

ACTIVITY	PROPORTION OF TIME (estimated)
Meeting or talking with user parents	
Meeting or talking with provider parents	
Shopping	
Traveling within the community	
Telephoning and paper work	
In staff meetings	
Meeting with supervisor	
"Outside" meetings	
Preparing materials	
Other: What?	

3. Are there changes that you would like to make in the way you spend your time?_______
If yes, what?____

PROGRAM

1. What do you think a good child care program should provide? (Please put a star by the three items you consider to be most important)

2. What do you think parents need from a child care program?

Is the St. Mark program meeting the parents' needs?
( ) Yes, very well
( ) Yes, to some extent
( ) No

If the program is not meeting the parent's needs, what could be done to better meet these needs?

Do you think the program expects too much or too little of parents?
( ) Too much
( ) Too little
( ) Just about enough

To what extent do you think parents are involved in making decisions about the program?
( ) A little
( ) A lot
( ) Not at all

Comments:

3. What do you see as the primary need of children in the child care program?

Do you think the program is meeting the children's needs?
( ) Yes, very well
( ) Yes, to some extent
( ) No, not really

If the program is not fully meeting the children's needs, what could be done to improve the situation?

4. What kinds of child care do you think the community needs most?

Do you think the St. Mark program is meeting the community's needs?
( ) Yes, very well
( ) Yes, to some extent
( ) No

5. What have you gained since you have been working with the program?

6. What do you like best about the program?

7. What do you see as the major problems at this time?

8. What changes and/or improvements would you recommend?

9. Any other comments?

STAFF
QUESTIONNAIRE

ST. MARK
PROVIDER FORM

Prepared by: Pacific Training & Technical Assistance Corporation
For distribution to St. Mark Providers

Prepared in English & Spanish

Evaluation Study

QUESTIONNAIRE FOR PROVIDERS

Program: St. Mark Community Day Care Project

FACTUAL INFORMATION

Name of provider: ____________________

Address: ____________________ San Jose, California

Length of residence at this address: ____________________

Neighborhood: ____________________ Phone: ____________________

Age: __________ Ethnic origin: ____________________

Languages spoken: ____________________

Education (circle number of years completed): 6 7 8 9 10 11 12 13 14 15 16

Previous experience in working with children (check all appropriate items):
- ( ) Cared for children in their homes
- ( ) Cared for children in your home
- ( ) Was a licensed day care operator before entering present program
- ( ) Worked in nursery school or head start
- ( ) Worked in child care program
- ( ) Other

Composition of household (check all appropriate items):
- ( ) Mother
- ( ) Father
- ( ) Provider's own children --→ Ages: ____________________
- ( ) Other children living in home --→ Ages: ____________________
- ( ) Other adults living in home

Licensed? __________ If yes, when? __________ For how many? __________

Any problems encountered or anticipated in securing a license?

CHILDREN SERVED

Name	Age	Days	Hours

Could additional children be served? __________ How many? __________

What age children would be accepted? ____________________

During what hours can children be served? ____________________

PTTA/ 1-72
St. Mark Day Care Project

Name of provider: ____________________

WORKING CONDITIONS

How did you hear about this job? ____________________

When you were hired, were you given a clear picture of your responsibilities?
( ) Yes, very
( ) Yes, to some extent
( ) No

How much did you earn as a day care mother or sitter last week? ____________

Do you consider your wages to be
( ) Excellent
( ) Fair
( ) Poor

How many hours did you work as a day care mother or sitter last week? ________

Are you satisfied with your working hours?
( ) Yes
( ) No

Who supervises your work? ____________________

Do you feel that you receive
( ) Enough supervision
( ) Too much supervision
( ) Too little supervision

Is the supervision you receive
( ) Very helpful
( ) Somewhat helpful
( ) Not very helpful

Did you receive any special training provided by St. Mark? ____________

If yes, did you find it
( ) Very helpful
(✓) Somewhat helpful
( ) Not very helpful

In what way could the St. Mark staff be more helpful to you?

What do you like best about your job?

What do you like least about your job?

What improvements would you like to see in your working conditions?

PROGRAM

What do you think a good day care program should provide?

What are your goals in working with the children?

What behaviors do you encourage?

What behaviors do you discourage?

When and how do you communicate with parents about a child's progress?

GENERAL

What problems have you had in working as a day care mother or sitter?

What have you gained from participating in this program?

Any other comments?

Nombre de Proveedor:______________________________

CONDICIONES De TRABAJO

¿Como se dio cuenta de este trabajo?______________________________

¿Cuando y donde fue empleado, le esplicaron claramente sus responsabilidades?
( ) Si, muy bien
( ) Si, hasta cierto punto
( ) No

¿Cuanto gano como madre de cuidado diario o sitter la semana pasada?__________

¿Considera sus igresos ser?
( ) Exelentes
( ) Medianos
( ) Poco

¿Cuantas horas trabajo como madre de cuidado diario o sitter la semana pasada?
____

¿Esta satisfecha con sus horas de trabajo?
( ) Si
( ) No

¿Quien supervisa su trabajo?______________________________

Siente que recibe
( ) Suficiente supervision
( ) Demasiada Supervision
( ) Poca supervision

La supervision que recibe es
( ) Muy util
( ) Algo util
( ) No muy util

¿Recibio entrenamiento especial proveido por San Marcos?__________

Si? Lo encontro
( ) Muy util
( ) Algo util
( ) No muy util

¿En que manera puede ser la direccion de San Marcos mas util por Ud. ?

¿Que es lo que le gusta mas de su trabajo?

¿Que es lo que menos le gusta de su trabajo?

¿Que mejoramientos quisira ver en sus condiciones de trabajo?

PROGRAMA

¿Que debe proveer un buen programa de cuidado diario?

¿Que son sus metas al trabajor con niños?

¿Que comportamientos anima?

¿Que comportamientos desamima?

¿Como y cuando se comunica con los padres acerca de el progreso de el niño?

EN GENERAL

¿Que problemas a tenido al trabajar como madre de cuidado diario o sitter?

¿Que a ganado al participar en este programa?

¿Otros comentos?

CHECKLIST FOR
PROGRAM OBSERVATION

CENTERS

Developed by: Pacific Training & Technical
Assistance Corporation

Checklist for Program Observation CENTER____________________ DATE__________

SAFETY - Staff:Pupil Ratio Count (to be done for discreet areas--ie, a single room, the yard, a group going for a walk, etc.--at periodic intervals)

TIME	LOCATION	AGE GROUP	# CHILDREN	# ADULTS	COMMENTS re adequacy of supervision

PROGRAM SEQUENCE

TIME		NATURE OF ACTIVITY (and for whom)	PARTICIPANTS (% & age)	Child Input?	Group	Individual	Teacher-directed	Self-help	Obligatory	Free choice	Rating-G,F,P
rom	To										

CHECKLIST FOR PROGRAM OBSERVATIONS

-1-

CENTER________________

DATE__________________

ARRIVAL PROCEDURE

Do the parents sign in?
( ) Yes
( ) No

Where are the staff members as parents and children arrive? Show numbers in ( ).
( ) Near the door or sign-in sheet
( ) Busy setting up equipment
( ) Preoccuppied elsewhere
( ) Other: What?

Do the parents deliver the children directly to a staff member?
( ) Yes: Who?
( ) No
( ) Some do, some don't

Does a staff member greet each child?
( ) Yes, warmly
( ) Yes, indifferently
( ) Yes, negatively
( ) Varies with child and staff member
( ) No, children are not greeted

Is there any interchange between parents and staff? Show approx. #'s in ( ).
(   ) Yes, friendly greetings
(   ) Yes, information about the child is exchanged
(   ) Yes, staff member points out parent responsibilities (to pick up child punctually, bring extra clothes, etc.)
(   ) Yes, parent gives instructions
(   ) No

What is the general reaction to arrival on the part of the children?
( ) Many, ( ) Some, ( ) None --Happy, excited, eager
( ) Many, ( ) Some, ( ) None --Business-like, "at home"
( ) Many, ( ) Some, ( ) None --Hesitate, cry, cling to parent

If the child cries or clings, does the staff member
( ) Leave it to the parent to handle
( ) Help child through the separation (verbalizes feelings, holds child)
( ) Distract child with toy or activity
( ) Ignore child's distress

Is the process generally
( ) Smooth
( ) Disorderly

Other observations:

CHECKLIST FOR PROGRAM OBSERVATIONS

CENTER________________

DATE________________

PROGRAM CONTENT

General

Question		Yes	No
1. Is there a posted schedule for teachers and aides?	1		
2. Is staff aware of the program schedule?	2		
3. Are children aware of the program schedule?	3		
4. Do children have any chance to be "private"?	4		
5. Do children have opportunities to choose from a variety of activities?	5		
6. Do the activities seem appropriate to the children's ages?	6		
7. Is curiosity encouraged?	7		

Comment on richness vs. barrenness:

Comment on rigidity vs. flexibility:

Language

Question			
8. Are structured language activities observed?	8		

Describe:

Question			
9. Are activities observed that develop listening skills	9		
10. Is there a story period?	10		
11. Is the story period well done?	11		
12. Are books used effectively by the children?	12		
13. Do adults engage in real conversation with the children?	13		

Art and Music

Question			
14. Are art activities a part of the daily program?	14		
15. Is art used "expressively"?	15		
16. Is there a music listening time?	16		
17. Is there a time for active involvement with music?	17		

Describe:

CHECKLIST FOR PROGRAM OBSERVATION

CENTER________________

DATE__________________

PROGRAM CONTENT (Cont'd)

		Yes	No
Science			
18. Is the care of animals a part of the program?	18		
19. Are collections (leaves, rocks) developed and displayed?	19		
Physical Activities			
20. Is there a balance between In and Out times?	20		
21. Are there active outdoor games of low organization (for 6-9)?	21		
22. Are there higher organization games for 9-12 year olds?	22		
Physical Care			
23. Is there evidence of health awareness?	23		
24. Did you see any children who were apparently ill?	24		
Comments:			
25. Were children provided dry clothes as needed?	25		
26. Were aprons provided in connection with art activities?	26		
27. Do children wash hands after using the bathroom?	27		
28. Do children wash hands before eating?	28		
Meal Times			
29. Are the children served in small groups?	29		
30. Does an adult sit at each table with the children?	30		
31. Is conversation encouraged?	31		
32. Are manners taught?	32		
33. Do children take part in food preparation?	33		
table setting?			
serving?			
clean up?			
34. Is the food attractive?	34		
35. Do the children seem to like the food?	35		
36. Is the food nutritious? What was served?	36		
37. Is the food culturally appropriate?	37		
38. Is the food ample?	38		
39. Do the children decide when they've had enough?	39		

CHECKLIST FOR PROGRAM OBSERVATIONS.

CENTER________________

DATE________________

PROGRAM CONTENT (Cont'd)

Describe some exemplary program components (note any special provisions for bi-lingual children):

Identify program problem areas and/or omissions:

Equipment - is there adequate, appropriate equipment in each of the following areas?

	Rating			Comments
	Good	Fair	Poor	
Language				
Art				
Music				
Messing				
Make believe				
Conceptual				
Small muscle				
Large muscle				

Is the equipment durable? ( ) Yes ( ) No

Is the equipment safe (and in good repair)? ( ) Yes ( ) No

Is it appropriately accessible to the children? ( ) Yes ( ) No

Is the equipment attractively displayed? ( ) Yes ( ) No

Are there ethnically relevant toys and materials? ( ) Yes ( ) No

Describe or comment:

Discuss any impact which the facility's limitations and/or assets has on the program effectiveness:

CENTER ____________

DATE ____________

OBSERVATION OF THE CHILDREN

Rate the level of the children's absorption: Low •———•———• High

Rate the "contentment" level: Low •———•———• High

Rate the children's self-reliance level: Low •———•———• High

Rate the activity level of the children:

Apathetic |———•———|———•———| Hyperactive
Active

OBSERVATION OF CHILD-CHILD INTERACTIONS

Do children interact freely with each other?
( ) Yes
( ) No

Is the interaction primarily
( ) Verbal
( ) Physical
( ) A combination of verbal and physical

Is the relationship among the children most frequently
( ) Negative
( ) Positive
( ) Neutral

Comments on the children:

Comments on the child-child interactions:

CHECKLIST FOR PROGRAM OBSERVATIONS

CENTER__________________
DATE____________________

OBSERVATION OF THE ADULTS

Rate the level of adult behavior in terms of:

Child-centeredness	Low	•————————•————————•	High
Adult-centeredness	Low	•————————•————————•	High
Object-centeredness	Low	•————————•————————•	High
Staff morale/ happiness	Low	•————————•————————•	High
Involvement (being "tuned in")	Low	•————————•————————•	High

Comments:

OBSERVATION OF ADULT-CHILD INTERACTIONS

For teacher-initiated contacts, indicate the proportion (or rank the frequency) of contacts that are essentially:

( ) Intrusive
( ) Supportive, positive
( ) Routine
( ) Disciplinary, negative
( ) Mechanical

Frequency of contacts: ( ) Few ( ) Some ( ) Many

For child-initiated contacts, indicate the proportion of responses that are:

( ) Supportive, positive
( ) Routine
( ) Disciplinary, negative
( ) Mechanical
( ) Child is ignored

Frequency of contacts: ( ) Few ( ) Some ( ) Many

Are most of the contacts observed appropriate?
( ) Yes
( ) No

Are most of the observed interactions
( ) Physical
( ) Verbal

Is there any positive physical interaction between child and staff?
( ) None
( ) Some
( ) A lot

Do children talk freely to adults?
( ) Yes
( ) No

Are children encouraged to verbalize requests, feelings, etc.?
( ) Yes, somewhat
( ) Yes, a lot
( ) No

CENTER____________________

DATE____________________

OBSERVATION OF ADULT-CHILD INTERACTIONS (Cont'd)

Do adults respond in the language the child uses?
( ) Yes, occasionally
( ) Yes, frequently
( ) No

Is personal recognition of individual children provided overtly?
( ) Yes, occasionally
( ) Yes, frequently
( ) No

Do teachers accept children's failures without making them feel guilty or inept?
( ) Yes, occasionally
( ) Yes, generally
( ) No

Describe the staffing pattern:

Is there evidence of any special adult-child relationships, or are all adults interchangable "teachers"?
( ) Yes, special relationships are evident
( ) No

If yes, does this seem to be a function of the program organization (or does it occur in spite of the staffing design)?

Do the children know the teacher's names?
( ) Yes, first names
( ) Yes, last names
( ) No, generally not

Describe the prevalent teaching style (nurturing, impersonal, etc.):

Other comments:

CENTER____________________
DATE______________________

DEPARTURE PROCESS

Are the children signed out?
( ) Yes
( ) No

Is there any interchange between staff and parents? Show #'s in ( )
(   ) Yes, friendly greetings
(   ) Yes, information about child is exchanged
(   ) Yes, procedural matters are discussed
(   ) No

What is the general reaction on the part of the children?
( ) Many, ( ) Some, ( ) None--Run to parent with happy reports of day
( ) Many, ( ) Some, ( ) None--Run to parent with complaints about day
( ) Many, ( ) Some, ( ) None--Matter of fact departure
( ) Many, ( ) Some, ( ) None--Seem reluctant to leave

SUMMARY

Comments on tone:

Comments on curriculum:

Comments on staff quality:

What are the major problems you observed?

How would you assess the Center's potential?

Overall, would you say that this Center provides the children with a "good experience"?

How would you rate this Center, on a scale of 100?

How would you rank this Center in comparison with the other three San Jose Centers?

CHECKLIST FOR

PROGRAM OBSERVATION

DAY CARE HOMES

Developed by: Pacific Training & Technical
Assistance Corporation

Date of observation: ____________

Time: From ________ to ________

ON-SITE OBSERVATION FORM

I. Name of provider: ______________________________

II. Persons present during observation period

( ) Provider
( ) Other adults: Who?
( ) Provider's children --> Ages ____________
( ) Children served --> Ages ____________

III. Description of the home:

Rough floor plan and dimensions (check areas which are used for day care):

Condition of the home

"Feeling tone"

IV. Itemization of observed program sequence:

From	To	Nature of Activity	Comments	Rating

V. Other activities as reported by provider (probe for trips, family outings, and normal family pursuits as well as stated program sequence)

VI. EQUIPMENT CHECKLIST

	Present?	Appropriate?	Enough?	Durable?	Safe?	Accessible?
For infants						
Crib						
Feeding table						
Diaper pail						
Changing table						
Sufficient clothes						
Bathing set-up						
Powders, oils, etc.						
Things to look at						
Things to handle						
Place to be out of crib or seat Specify:						
For preschoolers						
Open space						
Climbing apparatus						
Wheel toys (trikes, wagons)						
Manipulative toys (puzzles, peg boards, etc.)						
Books						
Art supplies (paper, paints, crayons)						
Music (record player, records, instruments)						
Blocks						
Table and chairs that child can use unassisted						
Sand, water, etc. for "messy play"						
Stools for reaching toilet, sink, etc.						
For school age children						
Open space						
Climbing apparatus						
Balls						
Games						
Books						
Art supplies (as above plus scissors, paste)						
Music						
Desk or work space						

ARRIVAL PROCEDURE

Does the provider greet each child?
Reg( ) EDC( ) Yes, warmly
( ) ( ) Yes, indifferently
( ) ( ) No

Is there any interchange between parents and staff?
( ) Yes, friendly greetings
( ) Yes, information about child is exchanged
( ) Yes, provider points out parent responsibilities (bring clothes, etc.)
( ) Yes, parent gives instructions
( ) No

What is the reaction to arrival on the part of the children (make ✓ for each child)
( ) Happy, excited, eager
( ) Business-like, "at home"
( ) Hesitates, cries, clings to parent

If child cries or clings, does the provider
( ) Leave it to parent to handle
( ) Positively help child with separation
( ) React negatively (shames child, ignores distress)

Comments:

PROGRAM CONTENT

1. Is there an observable routine?
2. Are children aware of the routine?
3. Is there individualization of treatment (in contrast to herding)?
4. Do children have opportunities to choose among varied activities
5. Do the activities seem appropriate to the children's ages?
6. Is curiosity encouraged?
7. Is there a story time?
8. Are books available for use by the children?
9. Is there a daily art activity?
10. Is there any music (and/or musical equipment)?
11. Is there a balance between In and Out times?

	Yes	No
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

Comments on program content

12. Is there evidence of health awareness?
13. Do children wash hands after using the bathroom?
14. Do children wash hands before eating?
15. Were children provided dry clothes as needed?
16. Did you see any children who were apparently ill?

	Yes	No
12.		
13.		
14.		
15.		
16.		

Comments re health and hygiene:

17. Is mealtime generally smoothly handled?
18. Is mealtime pleasant?
19. Do the children take part in food preparation?
20. Do the children take part in table setting or serving?
21. Do the children take part in cleanup?
22. Do the children seem to like the food?
23. Is the food nutritious?
24. Is the food ample?
25. Is the food culturally appropriate?

17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

What was served?

Comments on meals

26. Is there a smooth transition to naptime?
27. Does naptime generally seem to be a pleasant time?
28. Are the physical arrangements conducive to good rest?
29. Are naptimes appropriate in length to the ages of children?

26.		
27.		
28.		
29.		

Comments on naptime

OBSERVATIONS OF THE CHILDREN, THE PROVIDER, AND THE INTERACTIONS

30. Rate the children's absorption level Bored |__________|__________| Absorbed

31. Rate the children's contentment level Low |__________|__________| High

32. Is the relationship among the children most frequently
( ) Negative
( ) Positive
( ) Neutral

33. Rate the provider's child-centeredness
Non child centered |__________|__________| Child-centered

34. Rank provider-child contacts in terms of the following characteristics:
( ) Intrusive
( ) Supportive, positive
( ) Routine
( ) Disciplinary, negative

35. Are most of the observed interactions
( ) Appropriate ( ) Physical
( ) Inappropriate ( ) Verbal

36. Is there any positive physical interaction between child and provider?
( ) None
( ) Some
( ) A lot

37. Is there any fun or playfulness in the interactions observed? ( )Yes, ( )No

38. Do the children talk freely to the provider? ( ) Yes, ( )No

39. Are the children encouraged to verbalize requests, feelings, etc.? ( )Yes , (

40. Does the provider engage in real conversation with the children? ( )Yes, ( )N

41. Does provider handle own children and day care children the same? ( )Yes, ( )N

Comments:

42. Are children disciplined fairly? ( ) Yes ( ) No

43. For infants, is there sufficient interpersonal attention?
( ) By the provider ( ) By both
( ) By other children ( ) By neither

44. For older children, is there protection from interference by younger children?
( ) Yes
( ) No

Comments:

DEPARTURE

45. Is there any interchange between staff and parents?
    ( ) Yes, friendly
    ( ) Yes, information about child is exchanged
    ( ) Yes, procedural matters are discussed
    ( ) No, parents come but there is no conversation
    ( ) No, children go home on their own

46. What is the reaction of the children to departure? (make ✓ for each child)
    ( ) Run to parent with happy reports of day
    ( ) Run to parent with complaints about day
    ( ) Matter of fact departure
    ( ) Seem reluctant to leave

SUMMARY

Comments on richness vs. barrenness

Comments on rigidity vs. flexibility and degree of restrictiveness observed

Comments on tone (is this a pleasant place to spend a day??)

What are the major problems you observed?

Discuss any impact which the facility iteelf has on the program?

How would you assess the provider's potential?